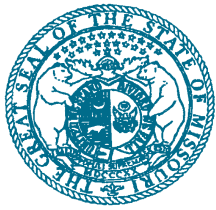


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# MISSOURI

## STATE BOARD OF NURSING

### NEWSLETTER

*The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 98,000 to all RNs and LPNs*

Volume 6 No. 4

November, December 2004, January 2005

## Message From the President

Authoried by Robin S. Vogt, PhD, RN, FNP-C  
Board President

I want to take this opportunity to share with you some of the progress made on the bioterrorism volunteer system and what you can expect with the online renewal process.

As you know we have been diligently working on implementing online renewal. As in the past, everyone will receive a renewal notice. This year the renewal notice will include a PIN (Personal Identification Number). To renew online, you will need to access the Division of Professional Registration's (PR's) web site at <http://pr.mo.gov> and click the link for online renewal. You will be asked for your PIN number and your License (Registration) number. You will be guided step by



Vogt

step through the online process. Other boards have piloted the new online renewal system, so many of the snags have been worked through. Online renewals will accept credit cards and e-checks. You will be able to print a receipt at the time, but the actual license will not be issued until the credit card transfers the funds, usually 48-72 hours. There will also be a link on the web site where you can register to be a volunteer in case of disasters.

Currently, we are continuing to work on what type of license to issue and what information it should include. Hopefully by the time of publication and your reading of this article, those issues will be worked out. There are regulations that impact some of these things as well. Thank you for the many responses to the last issue of the newsletter regarding the volunteer bioterrorism registration effort. It's great to see so much enthusiasm and concern for our great state and country. There were some good thoughts. Some of you like the idea of pictures on the license. We, too, like the idea but operationalizing it is difficult. It's not as simple as having it done like the driver's license. There

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## Executive Director Report

Authoried by Lori Scheidt, Executive Director

### The Difference Between Boards & Associations

*This article is paraphrased from an article published by the Ohio State Board of Nursing.*

The Missouri State Board of Nursing (Board) is aware that there is a great deal of confusion regarding the difference between the Board and nursing organizations or associations. The article provides a brief summary of the role of the Board and the role of associations; how they differ and what they have in common.

- The Missouri State Board of Nursing is a regulatory board. It is an agency of state government that was established through enactment by the Missouri General Assembly (the state legislature) of a law that mandates both the structure of the Board and the Board's functions. The Board consists of 9 individuals, 5 of whom must be RNs, 2 whom must be LPNs and one public member all appointed by the governor. Board members are public officials and their meetings are open to the public, as are many of their records



Scheidt

except as provided by law. The regulatory body is a governmental body to which individual health care practitioners **must** pay fees (called licensure fees) in order to practice legally in the state of Missouri.

- Associations and organizations include the Missouri League for Nursing, Missouri Nurses Association, the Missouri Association of Licensed Practical Nurses, the Missouri Association of Nurse Anesthetists, and state chapters of other specialty organizations such as operating room nurses, critical care nurses, occupational nurses, school nurses and other nursing specialty groups. A board of trustees elected by association members typically runs associations. Association meetings can be closed to the general public. The association is a non-governmental body whose members pay voluntary membership dues.

**Associations and the Board of Nursing share the goal of providing safe care to the citizens of Missouri; however, their ways of accomplishing this goal are significantly different.**

- The Board exists solely to enforce the laws and rules regulating practice. The Board has authority to establish requirements individuals must meet to obtain a license to practice nursing. The Board approves pre-licensure nursing education programs, oversees the

*ED cont. on pg. 2*

### GOVERNOR

The Honorable Bob Holden

### DEPARMENT OF ECONOMIC DEVELOPMENT

Kelvin L. Simmons, Director

### DIVISION OF PROFESSIONAL REGISTRATION

Marilyn Williams, Director

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Amanda Skaggs, RNC, WHNP, *Member*

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Kay Thurston, ADN, RN, *Member*

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Lori Scheidt, BS

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## ONLINE RENEWALS ARE COMING IN FEBRUARY!

A PIN NUMBER WILL BE REQUIRED FOR ONLINE RENEWAL/UPDATES  
PIN Numbers will be mailed to your home address with your Renewal Notice  
The PIN number cannot be given over the phone

**IMPORTANT!**

**YOUR ADDRESS  
MUST BE  
CURRENT**

**IMPORTANT!**

**SEND ADDRESS CHANGES WITH YOUR SIGNATURE VIA MAIL OR FAX**

MSBN, PO BOX 656, Jefferson City, MO 65102 or by fax: 573-751-6745 or 573-751-0075  
Changes via telephone/email will no longer be accepted.

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licensure examination of nurses, and takes disciplinary action when a licensee violates the law. These activities help to assure that only qualified individuals provide care to the public.

- Associations bring practitioners together to develop professional standards and practices, codes of ethics, and to promote and protect the economic and general welfare of nurses. These activities also enhance patient safety by helping to improve the quality of the nursing care provided. Associations provide service to their members and represent the individuals who are part of that profession.

**Enforcing the law**

- When regulatory boards enforce the law, they impose penalties on individual licensees for failure to practice in accordance with that law. Those penalties may include a censure (reprimand), a practice restriction (probation), a suspension from practice, or a permanent revocation of the privilege to practice. The severity of the action taken depends upon the violation as well as aggravating and mitigating circumstances. It is important to note that the Board of Nursing enforces the laws and rules regulating the practice of nursing as the laws currently are stated, not how individuals may wish the laws to be. The Board only has the authority to take disciplinary action against those who are regulated by the Board. Those who are regulated by the Board are RNs, LPNs and APRNs. The Board may investigate situations that involve the activities of those who are not RNs, LPNs or APRNs. However, the Board cannot take action in cases involving non-licensees without the assistance of county prosecutors willing to prosecute the unauthorized practice of nursing. The Board can gather all the evidence proving unauthorized practice but must depend upon the county prosecutor to actually bring charges against the individual.
- The Board does not have authority over the employers of nurses. Mandatory overtime, double shifts and other similar employment issues are outside of the Board's authority. But if an employer is directing nurses to act in ways that are not consistent with standards of safe care, as those are set forth in the law, the Board may be notified and a complaint may be filed so an investigation can proceed.
- While nursing associations do not enforce the laws, this is an area that they may choose to influence by sponsoring and/or supporting legislation.

**How do I apply to be a Board Member?**

State statute 335.021, RSMO, delineates how a board member may be appointed. You may apply by contacting the Director of the Division of Professional Registration or go to the Governor's web site at <http://go.mo.gov/boards.htm> and follow the directions on that site. You must be a citizen of the United States and a Missouri resident for at least one year. All but the public member must be a licensed nurse and actively engaged in nursing for at least 3 years immediately prior to the appointment. Membership on the Board must include representatives with expertise in each level of educational programs; practical, diplo-

ma, associate degree and baccalaureate.

Past and current Board members have indicated that serving as a board member is one of their most challenging and rewarding assignments. While appointment or election to a board is an honor, board members have important legal and fiduciary responsibilities that require a commitment of time, skill, and resources.

During the Board member interview process, the expectations are explained. Board members are all volunteers who still have full time jobs. The Board meets at least four times a year for Board meetings, one time a year for a strategic planning meeting and has various committees that meet by conference call about 45 times a year. A good rule of thumb is to expect to spend about 3 days a month devoted to Board business. In addition, some members are on national committees, which is additional time away from their regular jobs. Being a Board members does require a good deal of commitment from both the individual and that individual's employer to be able to make a useful contribution.

**Fiscal Year 2004 Statistics**

The 2004 fiscal year for Missouri State government began July 1, 2003 and ended June 30, 2004.

The Missouri State Board of Nursing made significant improvements to the investigation process during the second half of the fiscal year, which resulted in being awarded the Governor's Award for Quality and Productivity.

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. If the board decides that disciplinary action is appropriate, the Board may impose censure, probation, suspension, and/or revocation. **During FY2004, the Board closed 666 complaints.**

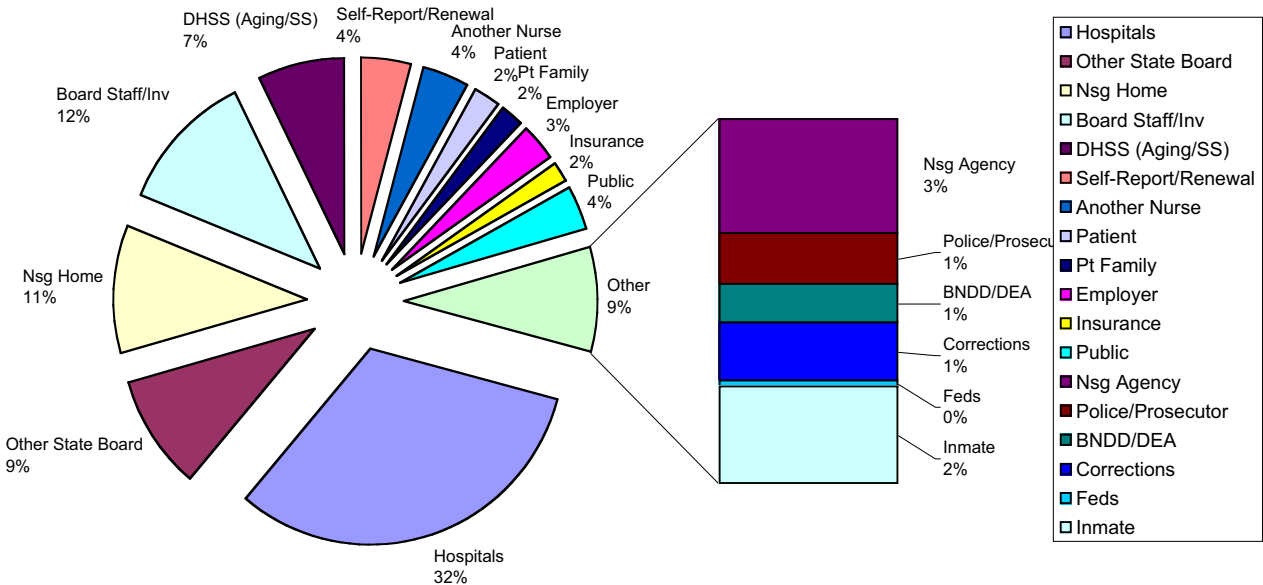
The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following chart shows the category of complaint of the 666 complaints that were closed this past fiscal year.

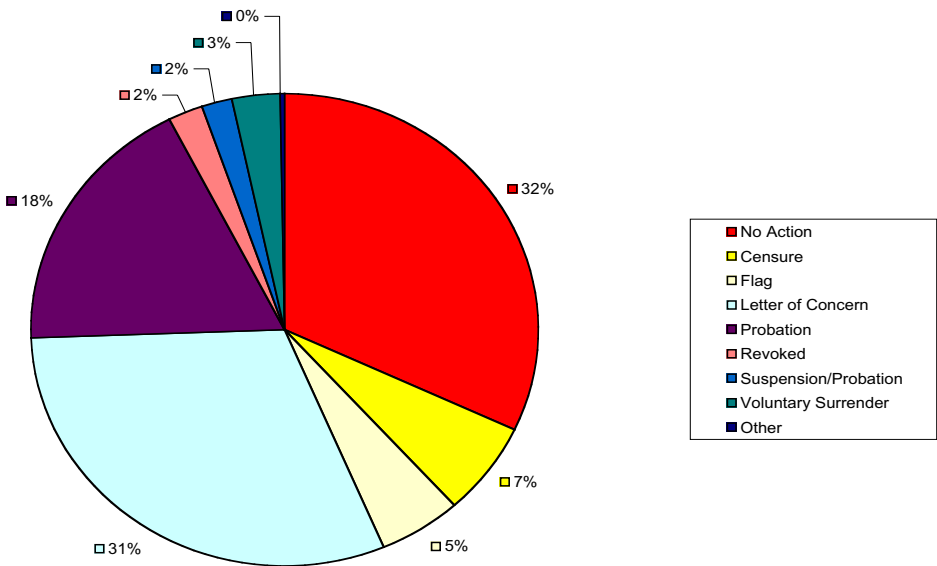
Number of uninvestigated complaints carried over from FY2003	191
Number of new complaints received in FY2004	798
Total number of investigations completed in FY2004	791
Total remaining number of complaints requiring an investigation at the end of FY2004	198

## Closed Complaints FY2004 by Source



The next chart shows the actions taken by the Board for those complaints.

## FY 2004 Complaint Final Actions



### Licensure Applications

The Board reviewed 336 applications for a license by exam, endorsement or reinstatement that had some type of criminal or discipline history. Applicants are required to report any convictions, guilty and/or nolo contendere pleas, except for minor traffic violations not related to the use of drugs or alcohol. Reportable offenses include misdemeanors, felonies, "driving while intoxicated (DWI)" and "driving under the influence (DUI)." Crimes must be reported even if they are a suspended imposition of sentence (SIS). Applicants are also required to report any prior or current disciplinary action against another professional license, whether it occurred in Missouri or in another state or territory.

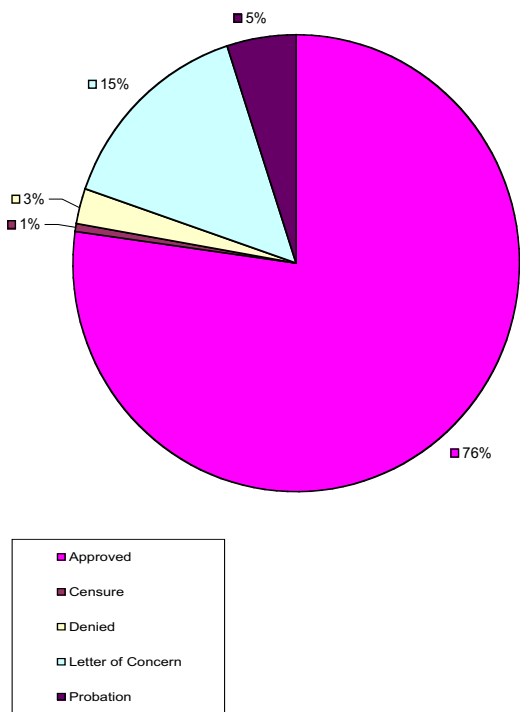


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Each application is evaluated on a case by case basis. The Board of Nursing considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

This chart shows the action taken by the Board.

# Applications Final Outcome

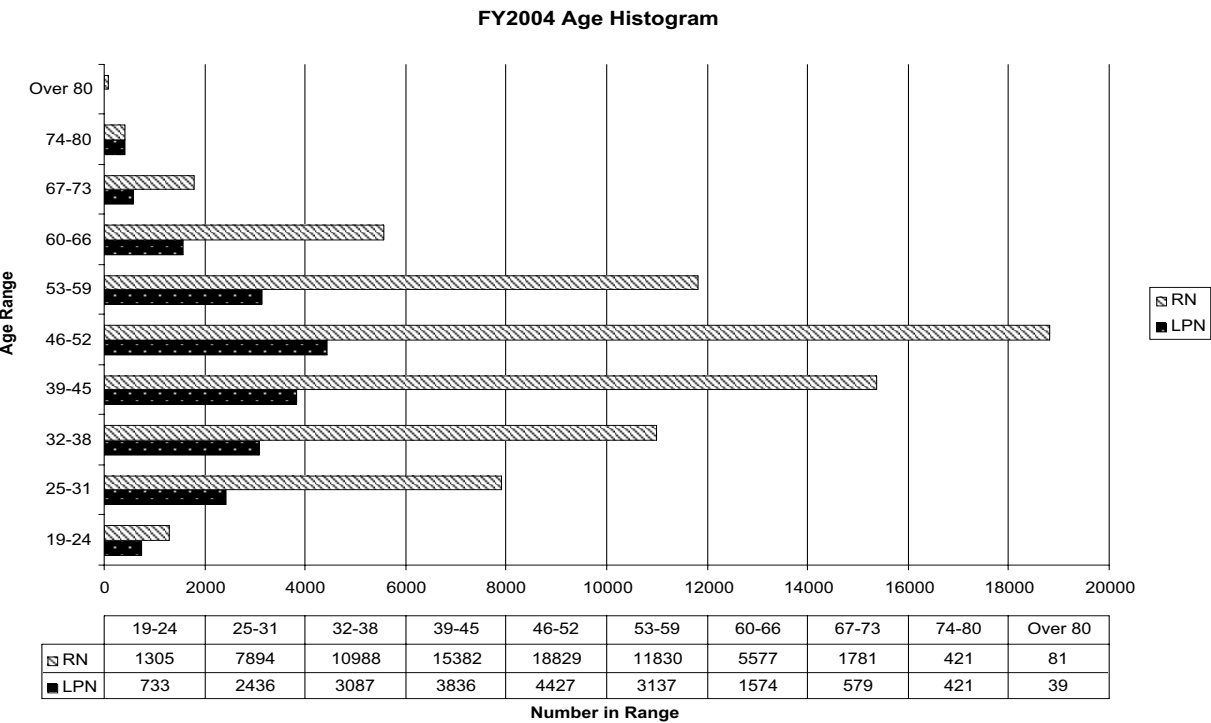


Licenses Issued in Fiscal Year 2004		
	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	1934	1110
Licensure by Endorsement	1408	269
Licensure by Renewal of a Lapsed or Inactive License	1470	398
Number of Nurses holding a current nursing license in Missouri as of 6/30/2003	76,833	22,7924

Licensure staff answered 48,632 licensure related telephone calls during the fiscal year.

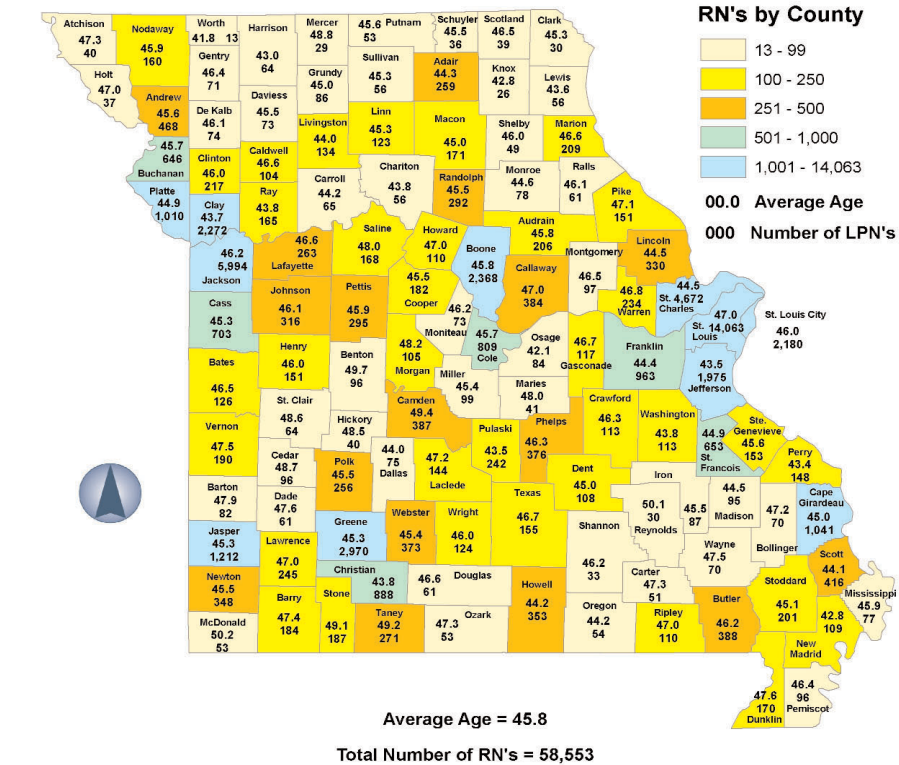
## Licensure Database Information

Average Age of RNs = 45  
Average Age of LPNs = 44  
The following two maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license as of July 1, 2004.



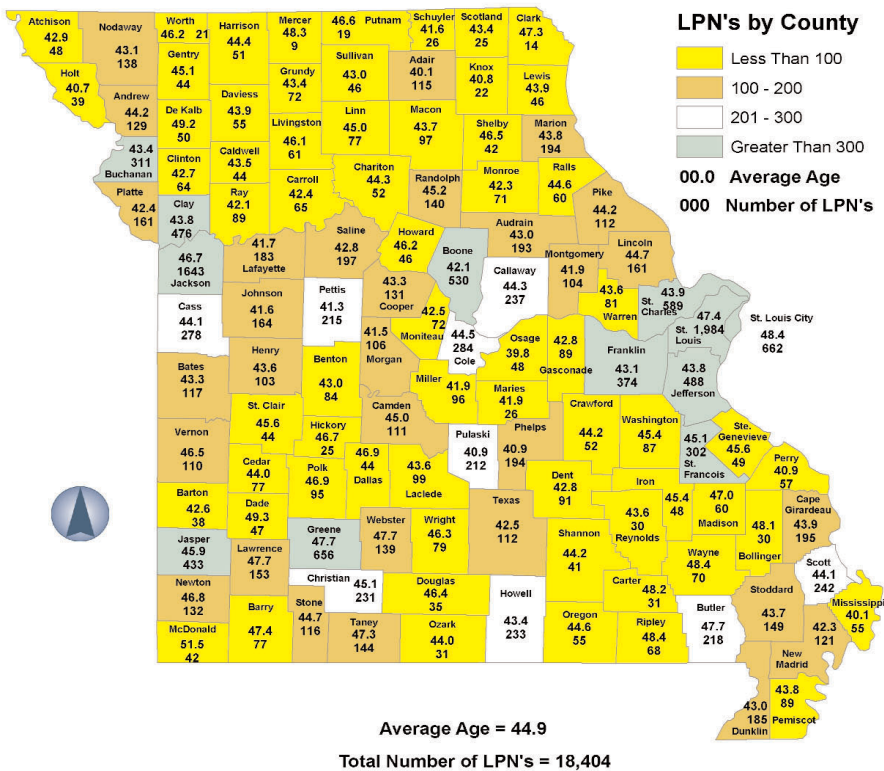
## Numbers and Average Age of RN's by County

2004



## Numbers and Average Age of LPN's by County

2004



IMPORTANT TELEPHONE NUMBERS	
Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

### SCHEDULE OF BOARD MEETING DATES THROUGH 2005

December 8-10, 2004	March 9-11, 2005
June 8-10, 2005	September 7-9, 2005
December 7-9, 2005	

All meetings will be held at the Harry S Truman State Office Building, 301 West High Street in Jefferson City, Missouri.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

**Note: Committee Meeting Notices are posted on our Web site at <http://pr.mo.gov>**

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of November 4, 2004

Profession	Number
Licensed Practical Nurse	21,731
Registered Professional Nurse	78,523
Total	100,254

Message cont. from pg. 1

are a lot of security issues that accompany it that are not in place at this time. We will continue to review the idea and perhaps, at some point, be able to have a license with a picture. As it stands, you most likely would be required to bring your drivers license and your nursing license to a disaster.

One nurse commented about the difficulty in keeping track of multiple licenses and certification cards. He explained that it is difficult because he has multiple cards and most are not very durable. Our plan is to have a license card that is similar in durability to a credit card and can also be used as a badge at disaster sites. In addition, we have submitted a legislative proposal that would require APRNs to have only one license, with one expiration date, but allow you to practice as either a RN or APRN. This would eliminate the need to carry a RN license and an APRN document of recognition.

Another nurse called the office and wanted to make sure that her confidential information, such as telephone number and employer name, would not be released if she decided NOT to volunteer. I want to reassure all of you that we are required to follow the laws set out in 620.010, RSMO. That law indicates what public information is and what is not. We cannot disclose non-public information without your consent.

There were questions in some of the responses about liability. We are working with respected legal authorities on these issues. We have all recognized that there is a need to establish ways to protect emergency health care workers from professional liability concerns in order to develop effective responses in the event of disaster.

There is the possibility of amending our current Good Samaritan Act or the Civil Defense Act (Chapter 44, RSMo) in order to protect health professionals when volunteering. There have been discussions that to draft the liability immunity clause, the volunteers would already need to be registered as volunteers. If that were part of the language then health professionals probably wouldn't be able to show up on site and expect to volunteer. This further supports the concept of having individuals sign up online and be registered as a volunteer in advance of a disaster. Legal counsel is working through all these issues. We will continue to keep you informed, through newsletter articles, on these developments.

Lori Scheidt, Executive Director, Kathy Tucker, Licensing Supervisor and myself attended the SNS (Strategic National Stockpile) drill in Cape Girardeau in August to get an idea how to verify licenses of volunteers at a disaster site, and to see who has the greatest need for card readers, etc. Both of the hospitals, St. Francis Medical Center and Southeast Missouri Hospital participated in the drills. These types of efforts across the state continue and each drill identifies small problems that can be fixed so if a real event occurs, Missouri can be ready.

The efforts to make this successful are not just through the Board of Nursing. We have worked very closely with the Department of Health employees Lois Kollmeyer, Nancy Bush, Jeff Zoellner and Kathy Hadlock. Others who are involved in this project are Dr. Karen Webb with the St. Louis Area Regional Response System (STARRS), Nikki Carlton with Metropolitan Medical Response System (MMRS) in Kansas City, Becky Miller from the Missouri Hospital Association (MHA), as well as the Missouri Homeland Security and many others who have an interest in accomplishing this goal.

We are optimistic that the next newsletter will be full of information about how to renew and volunteer online. Thanks again for your many comments and suggestions. Keep them coming by sending an email to nursing@pr.mo.gov with the subject Homeland Security.



# Making a Difference, One Life at a Time

Edited by Becki Hamilton  
Executive Assistant

Each of our Board members has made a difference in the profession of nursing. Their dedication to the task of ensuring that the provisions of the Nurse Practice Act are followed is exemplified in the Board’s Mission Statement:

*The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.*

This series will focus on each of the Board members and their contributions to the profession of nursing. Charlotte York, LPN from Sikeston, Missouri is the focus of this article.



York

**Q – How long have you been a nurse?**

A – *I graduated from LPN school in 1969*

**Q – What kinds of nursing care have you provided?**

A – *For the majority of my nursing career I worked in geriatrics. I spent about one year working in ER.*

**Q – Describe something that made you glad you chose to be a nurse.**

A – *I always knew I wanted to take care of the elderly. My Father opened the first nursing home in Southeast Missouri in 1957 and I grew up with that as a big part of my life. In 1970 I moved back to Sikeston to help with the family business. A 40-bed facility in Bertrand became available and my husband and I decided to purchase it. At that time you did not need an Administrator’s license, so I basically ran the place. In 1972, a law was passed that required administrator’s to be licensed. We were allowed to be "grandfathered" in if we took 57 hours of classes at the MU campus. Later it was determined that you could not be both the Administrator and the nurse at the same facility, so I made the choice to remain the administrator. We ended with a total of eleven nursing homes (including my Father’s three) which we purchased between 1970 and 1999.*

**Q – What are some of the challenges you faced as a nurse?**

A – *There were a lot of challenges as an administrator and nurse. I did a lot of hands on work with my patients. It was important to make sure that if someone did not come in, the shift was covered. I built my facility from a 40-bed unit to a 60-bed unit. I took care of my patients and built a good reputation.*

**Q – How did you become a board member?**

A – *We had always supported the PN program in Sikeston, and I served on the advisory board. We "home-grew" our people by sending individuals to the school and later to the Park College bridge program. They then returned and worked for us. The administrator of the PN program called and asked if I would be interested in becoming a member of the Board. I said OK so she submitted my name to the Division Director, Randy Singer, who then contacted me.*

**Q – How long have you served on the Missouri State Board of Nursing?**

A – *I am in my 9th year as a board member. I was first appointed in 1996 and reappointed for four-year terms in 1997 and 2001. My term expires June 2005.*

**Q – What did you want to accomplish?**

A – *I really did not know what to expect. Basically I came to learn.*

**Q – What changes have occurred during your tenure as a board member?**

A – *There have been many legislative changes. I was instrumental in lobbying for subpoena authority for the Board. The Executive Director no longer is required to be a nurse. The Investigations process has been totally revamped. When we first looked at the process it was 6 years behind and was extremely costly. We formed a committee to look at the process, instituted some changes and have greatly improved the process. Complaints are now completed in 6 months to 1 year and the cost has been reduced by 63%.*

**Q – What have you contributed as a member of the board?**

- A –
- *Investigations process improvement*
  - *Legislative experience (ability to work with legislators of both parties)*
  - *Outspokenness (willingness to question issues)*

**Q – What is something that you have learned that you did not expect to as a result of your experience on the Board?**

- A –
- *I have met nurses from across the state and have gained a lot of knowledge from them. When I started on the Board, I was the only PN on the Board. I feel that I was able to bridge the gap somewhat between PNs and RNs by increasing mutual respect.*
  - *I was amazed to learn the extent of problems that the nursing profession can get involved in. I was unaware of the number of cases of diversion.*
  - *I learned a lot about the practice of nursing*
  - *By participating in the nursing program surveys, I found out what it takes to be a program of training for nurses.*
  - *I learned how State Government works.*

**Q – How would you describe your experience as a board member?**

A – *It has been a wonderful experience. I am going to miss it badly. I am pleased that I was able to have done something for nursing.*

**Q – What would you tell someone interested in becoming a board member?**

- A –
- *They need to know the time commitment required and be able to give that time to the work of the Board.*
  - *They need to be versatile and willing to learn about any subject that may come up.*
  - *They cannot have their own agenda – it slows down the process of the Board .*
  - *They must be willing to work hard.*
  - *It is an awesome learning experience. I have yet to go to a Board meeting without learning something I*

*did not know. It has been beneficial in many ways.*

**Q – How have you made a difference to the profession of nursing?**

A – *I hope in my career that I have touched the lives of the elderly and by that touch made their lives better.*

# Board of Nursing Receives Governor’s Award for Quality and Productivity

The Missouri State Board of Nursing was recognized by Gov. Bob Holden with the prestigious Governor’s Award for Quality and Productivity (GAQP) for saving money and time and by increasing efficiencies in business processes, goods and service delivery to Missouri citizens.

The award was established in 1988 by the Governor’s Advisory Council on Quality and Productivity to identify and recognize service excellence, encourage efficiency, reward innovation, and reinforce pride in service to Missouri state government.

In the awards ceremony on September 1, 2004, Holden told the audience that the recipients represent the tremendous quality of Missouri state government. "Producing savings and a quality product and services does not happen by accident," Holden said. "You demonstrate a desire to provide our citizens with the best value for the resources they have entrusted to us."

The award winning team consisted of Lori Pierson Scheidt, Executive Director, Quinn Lewis, Investigation Administrator, Robin Vogt, President, Charlotte York, Vice-President, and Gloria Andrews, Division of Professional Registration Strategic Planner. The Missouri State Board of Nursing is charged with protecting the public by developing and enforcing state laws that govern the safe practice of nursing. One of the board’s responsibilities is the investigation of complaints against licensed nurses. However over the years, there has been frustration over

how long the investigative process would take to complete and the cost of investigations. So the Board established a team to address the issue. The team focused on an initiative to redirect funds toward research, analysis, and education that promotes patient safety without raising fees. In one year, the team reduced the number of investigations sent to contract investigators from 53% to 5% ; reduced the time each investigation remained open from 74 to 57 days; and decreased the investigations cost by 65%.

The new process enables the Board’s focus to be placed on those complaints that present the most danger to the citizens of Missouri. This process has enabled the Missouri Board of Nursing to be a national leader in process improvement. The Board continues to be heavily involved on a national level, two of the team members, Lori Scheidt and Robin Vogt are on national committees and the Missouri State Board of Nursing is a pilot Board for a national research project aimed at identifying root causes for practice complaints focusing their goal on education in order to prevent errors.

Scheidt stated that approaching, let alone changing the investigation process was a huge undertaking, but worth the risk for the sake of public protection and the nursing profession in Missouri. She believes JFK said it best with, *"There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction."*



# Education Corner



Authored by Marilyn K. Nelson, RN, MA  
Education Administrator

**Missouri State Board of  
Nursing Education Committee  
Members:**

- Teri A. Murray, Ph.D., RN,  
Chair
- Linda Conner, BSN, RN
- Cynthia Suter, BS, JD
- Kay Thurston, ADN, RN

It's time again to report the NCLEX® pass rates for all approved programs of nursing in Missouri that lead to an initial nursing license. The testing period involved is July 1, 2003 through June 30, 2004 and the pass rates are calculated on candidates taking the licensing examination for the first time.

How does Missouri rank nationally? The pass rates for Missouri first time candidates were again above the national pass rate for both the professional (RN) and practical (PN) nursing NCLEX® examinations. The national pass rates include the 50 states plus the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands.

The national pass rate on the NCLEX-RN® for the 2003-2004 time period was 86.62%. Graduates of Missouri baccalaureate, associate degree and diploma nursing programs achieved an 88.47% pass rate. This ranks the performance of Missouri first time candidates within the upper third nationally. Nationally, there was a slight decline in the RN examina-

tion pass rate from the previous test period --87.29% in 2002-2003 to the current 86.62%. One factor that may have contributed to this slight decline is the implementation of a revised test plan which took effect April 1, 2004. Historically, there has been a corresponding decrease in pass rates when the NCLEX-RN® test plan is changed. In Missouri, RN examination pass rates slipped from 88.92% for 2002-2003 to the current 88.47% which mirrors the national picture.

For the NCLEX-PN® examination, the national pass rate is 88.69%. First time candidates of Missouri practical nursing programs achieved a 91.95% pass rate which ranks Missouri in the upper fifty percent nationally. Nationally, there was an increase in the PN examination pass rate from the previous test period--87.14% in 2002-2003 to the current 88.69%. The pass rate for Missouri first time candidates also increased from 89.78% in 2002-2003 to the current 91.95%. A revision in the NCLEX-PN® test plan will take effect April 1, 2005 so it will be interesting to see what impact that will have for the 2004-2005 reporting period. Historically, the PN licensure pass rates have been greater than the RN pass rates on both the state and national level.

When compared with our neighboring states of Kansas, Nebraska, Iowa, Illinois, Arkansas, and Oklahoma, the rankings have changed a bit from last year. For the NCLEX-RN® examination Missouri has the highest pass rate with a 88.47% and Nebraska is in second place at 87.66%. This is a reversal of last year. The pass rates on the RN exam ranged from 87.46% to 82.66% for the other five states. If Kentucky and Tennessee are considered then Missouri ranks third as the RN pass rates for those two states were 91.78% and 90.55% respectfully. For the NCLEX-PN® examination, Iowa again had the highest pass rate of the seven states with a 94%. Missouri moved from fourth to third in the ranking with a pass rate of 91.95%. Illinois ranked second with a pass rate of 92.42%. The other four states had pass rates ranging from 90.53% to 91.69%. Adding Kentucky and Tennessee to the mix did not alter Missouri's ranking on the PN exam. Three of the neighboring states had RN exam pass rates below the

national level and one state was below the national level on the PN exam. All neighboring states had pass rates above 82.5% on the RN exam and 88% on the PN exam so the nursing programs in the Midwest are doing well in preparing nurses.

Fifteen nursing programs in Missouri had pass rates of 100% for the 2003-2004 testing period--one Baccalaureate, one Associate Degree and 13 Practical Nursing. You will find these programs listed elsewhere in this Newsletter. Two practical nursing programs have now had five consecutive years of 100% pass rates--Cape Girardeau Career and Technology Center and Kennett Area Vocational and Technical School. Two practical nursing programs have had three consecutive years of 100% pass rates. Six practical programs and one associate degree program have achieved 100% pass rate for two consecutive years.

Another interesting note is that there were more first time candidates in Missouri taking both the NCLEX-RN® and NCLEX-PN® examinations for the 2003-2004 reporting period than for the 2002-2003 reporting period. There were 1,743 first time candidates taking the RN exam compared with 1,615 in the 2002-2003 period. That is an increase of 128. There was an increase of 208 first time candidates for the PN examination--1,106 in 2003-2004 compared with 998 for the previous reporting period. Within the past year, the Board of Nursing has approved an increase in enrollment for two practical and seven professional nursing programs. The increase in the number of students per program ranged from 5 to 15 for a total of 82 students. Additionally, evening/weekend educational tracks were approved for one associate degree and one practical nursing program. One practical nursing program will soon be graduating its first class. Some programs that had not previously enrolled the number of students for which they are approved are experiencing an increase in applications and admissions. Please keep in mind that there is a shortage of qualified nursing faculty and increased competition for use of clinical sites to provide appropriate learning experiences for students. It is recognized that the nursing education community is responding to the shortage issue.



Nelson





FIVE YEAR PASS RATES

PRACTICAL NURSING PROGRAMS

Name of Program	Num. OF Classes Per Year	Approved Number of Students Per Class	7/99-6/00	7/00-6/01	7/01-6/02	7/02-06/03	07/03-06/04	#Students tested on Fiscal Report
Applied Technology Services/West 17-154 Chesterfield, MO	2	24	78.10%	82.80%	90.00%	97.30%	96.77%	30
Applied Technology Services/MET 17-100 Wellston, MO	2	24	N/A	N/A	N/A	N/A	100.00%	2
Boonslick Area Vocational Technical School 17-166 Boonville, MO	1	24	94.70%	90.00%	92.30%	100.00%	100.00%	16
Cape Girardeau Career and Technology 17-167 Cape Girardeau, MO	1	27	100.00%	100.00%	100.00%	100.00%	100.00%	18
Cass Career Center 17-129 Harrisonville, MO	1	32	76.50%	94.40%	94.10%	95.45%	95.45%	22
Columbia Public Schools 17-199 Columbia, Mo	2	32	85.10%	82.90%	71.40%	82.69%	82.93%	41
Concord Career Institute 17-194 Kansas City, MO	2	30	N/A	N/A	N/A	N/A	90.00%	20
Deaconess College of Nursing/On-Line 17-110 St. Louis, MO	2	100	N/A	N/A	N/A	N/A	100.00%	4
Eldon Career Center 17-108 Eldon, MO	1	25	95.00%	100.00%	95.00%	94.12%	95.65%	23
Franklin Technology Center 17-195 Joplin, MO	1	32	100.00%	85.70%	90.90%	86.36%	92.59%	27
Gibson Area Vocational Technical School 17-164 Reeds, Spring, MO	1	40	92.00%	85.00%	95.70%	100.00%	100.00%	11
Hannibal Public School 17-193 Hannibal, MO	1	30	100.00%	100.00%	100.00%	100.00%	91.67%	24
Hillyard Technical Center 17-189 St. Joseph, MO	1	35	95.70%	96.35%	96.20%	94.44%	93.75%	32
Jefferson College 17-174 Hillsboro, MO	1	60	91.70%	100.00%	96.60%	100.00%	100.00%	31
Kennett Area Vocational Technical School 17-169 Kennett, MO	1	20	100.00%	100.00%	100.00%	100.00%	100.00%	15
Kirksville Area Vocational Technical School 17-186 Kirksvile, MO	1	27	88.90%	77.35%	81.35%	100.00%	93.75%	16
Lebanon Technology and Career Center Lebanon, MO	1	30	N/A	N/A	N/A	N/A	N/A	0
Lex La-Ray Technical Center 17-105 Lexington, MO	1	28	88.20%	100.00%	90.00%	100.00%	100.00%	14
Mineral Area College 17-192 Park Hills, MO	1	32	94.40%	94.40%	94.75%	100.00%	100.00%	21
Moberly Area Community College 17-183 Moberly, MO	1	32	88.90%	85.70%	78.60%	100.00%	94.74%	19
Moberly Area Community College 17-161 Mexico, M	1	30	87.50%	83.30%	100.00%	100.00%	100.00%	18

Five Year Pass Rates cont. on pg. 9



Five Year Pass Rates cont. from pg. 8

Name of Program	Num. OF Classes Per Year	Approved Number of Students Per Class	7/99-6/00	7/00-6/01	7/01-6/02	7/02-06/03	07/03-06/04	#Students tested on Fiscal Report
Nevada Regional Technical Center 17-187 Nevada, MO	1	30	81.80%	88.20%	80.00%	83.33%	88.89%	18
Nichols Career Center 17-190 Jefferson City, MO	1	35	58.30%	100.00%	86.70%	80.00%	78.26%	23
North Central Missouri College 17-185 Trenton, MO	1	65	80.00%	93.50%	100.00%	94.12%	100.00%	30
Northland Career Center 17- 102 Platte City, MO	1	29	92.60%	83.30%	100.00%	84.62%	95.45%	22
Northwest Technical School 17-179 Maryville, MO	1	25	87.50%	90.00%	93.80%	72.73%	100.00%	22
Ozarks Technical Community College 17-198 Springfield, MO	2	31	97.60%	91.70%	100.00%	100.00%	100.00%	42
Penn Valley Community College 17-157 Kansas City, MO	2	45	76.90%	82.70%	91.70%	85.19%	92.79%	111
Pike/Lincoln Technical Center 17-168 Eolia, MO	1	25	88.20%	89.50%	87.50%	84.21%	95.24%	21
Poplar Bluff School District 17-153 Poplar Bluf, MO	1	24	90.00%	100.00%	92.90%	92.86%	90.91%	22
Rolla Technical Institute 17- 184 Rolla, MO	1	40	92.30%	92.00%	96.20%	96.77%	96.15%	26
Saline County Career Center 17-175 Marshall, MO	1	22	78.90%	69.20%	71.40%	88.24%	90.00%	20
Sanford Brown College/KC 17-152 North Kansas City, MO	2	65	79.10%	87.10%	100.00%	95.65%	87.10%	31
Sanford Brown College/St. Charles 17-104 St. Charles, MO	3	40	72.00%	95.20%	100.00%	84.62%	84.09%	44
Sikeston R-6/Sikeston 17-188 Sikeston, MO	1	50	62.50%	92.10%	90.00%	83.33%	83.33%	36
South Central Area Vocational Technical School 17-177: West Plains, MO	2	31	96.80%	100.00%	97.15%	100.00%	100.00%	33
St. Charles Community College 17-150 St. Peters, MO	1	60	78.60%	100.00%	75.00%	77.78%	88.46%	26
St. Louis College of Health Careers/Butler Hill 17-170 St. Louis, MO	2	30	N/A	90.05%	65.50%	72.73%	64.86%	37
State Fair Community College Sedalia, MO	1	36	100.00%	96.60%	100.00%	87.50%	93.55%	31
Texas County Technical Institute 17-135 Houston, MO	1	30	N/A	100.00%	N/A	84.62%	88.46%	26
Warrensburg Area Vocational Technical School 17-172 Warrensburg, MO	1	30	87.00%	90.90%	89.50%	87.50%	90.48%	21

Five Year Pass Rates cont. on pg. 10



FiveYear Pass Rates cont. from pg. 9

Name of Program	Num. OF Classes Per Year	Approved Number of Students Per Class	7/99-6/00	7/00-6/01	7/01-6/02	7/02-06/03	07/03-06/04	#Students tested on Fiscal Report
Washington School of Practical Nursing 17-176 Washington, MO	1	35	87.50%	88.25%	88.00%	91.67%	91.18%	34
Waynesville Technical Academy 17-165 Waynesville, MO	1	36	100.00%	92.60%	83.30%	90.48%	91.30%	23

Associate Degree Nursing Programs

Name of Program	Num. of Classes Per Year	Approved Number of Students Per Class	7/99-6/00	7/00-6/01	7/01-6/02	7/02-06/03	07/03-06/04	#Students tested on Fiscal Report Yr. 2003-2004
Columbia College 17-412 - Columbia, MO	2	32	96.00%	100.00%	85.00%	90.00%	94.12%	17
Crowder College 17-410 - Neosho, MO	1	90	93.90%	93.50%	95.80%	96.00%	87.50%	16
Deaconess College of Nursing 17-415 - St. Louis, MO	2	20	100.00%	42.90%	75.00%	73.33%	90.91%	11
Deaconess College of Nursing /On Line 17-430 - St. Louis, MO	2	100	N/A	N/A	N/A	N/A	66.67%	3
East Central College/Union 17-470 - Union, MO	1	24	100.00%	93.80%	73.70%	62.50%	88.00%	25
East Central College/Rolla 17-426- Rolla, MO	1	21	70.00%	90.00%	85.70%	50.00%	92.86%	14
Fort Leonard Wood/Lincoln University 17-416 - Fort Leonard - Wood, MO	1	40	70.00%	84.00%	89.70%	61.90%	77.14%	35
Hannibal La-Grange College 17-472 - Hannibal, MO	1	30	85.70%	55.60%	80.00%	100.00%	75.00%	8
Jefferson College 17-460 - Hillsboro, MO	1	60	75.00%	88.10%	94.40%	100.00%	90.00%	20
Jewish College of Nursing 17-420 - St. Louis, MO	3	75	79.60%	82.90%	75.30%	84.42%	86.32%	95
Lester L. Cox College of Nursing 17-425 - Springfield, MO	2	60	95.80%	92.50%	93.50%	80.28%	83.58%	67
Lincoln University/Jefferson City 17-467 - Jefferson City, MO	2	30	94.70%	95.20%	82.40%	83.33%	93.55%	31
Mineral Area College 17-466 - Park Hills, MO	1	48	88.20%	73.10%	88.20%	87.50%	90.48%	42
Moberly Area Community College 17-474 - Moberly, MO	2	35	97.20%	94.10%	87.80%	93.94%	90.48%	21
North Central Missouri College 17-405 - Trenton, MO	1	40	75.00%	89.20%	69.20%	75.00%	70.37%	27

Five Year Pass Rates cont. on pg. 11

Five Year Pass Rates cont. from pg. 10

Associate Degree Nursing Programs

Name of Program	Num. of Classes Per Year	Approved Number of Students Per Class	7/99-6/99	7/00-6/01	7/01-6/02	7/02-06/03	07/03-06/04	#Students tested on Fiscal Report Yr. 2003-2004
North Central Missouri Outreach 17-475 - Maryville, MO	1	15	N/A	N/A	N/A	100.00%	93.33%	15
Park University 17-411 - Parkville, MO	1	40	92.60%	78.90%	86.70%	85.19%	80.00%	40
Penn Valley Community College 17-465 - Kansas City, MO	2	70	87.80%	89.30%	89.30%	92.96%	88.35%	103
Sanford Brown College/St. Charles 17-421 - St. Charles, MO	1	30	82.10%	N/A	87.50%	87.50%	88.00%	25
Southeast Missouri Hospital College of Nursing and Health Sciences 17-424 - Cape Girardeau, MO	1	70	88.10%	87.50%	72.70%	93.10%	85.00%	20
Southwest Missouri State University 17-400 - West Plains, MO	1	45	92.90%	75.00%	90.50%	91.89%	75.00%	32
St. Charles Community College 17-468 - St. Peters, MO	1	120	92.70%	92.60%	94.60%	94.12%	94.12%	34
St. John's College of Nursing and Health Sciences 17-418 - Springfield, MO	2	125	86.80%	93.50%	98.10%	92.21%	92.94%	85
St. Louis Community College/Flo Valley 17-464 - St. Louis, MO	2	60	87.20%	63.20%	87.50%	100.00%	100.00%	21
St. Louis Community College/Forest Park 17-476 - St. Louis, MO	3	55	91.70%	89.50%	74.20%	64.10%	87.88%	33
St. Louis Community College/Meramec 17-477 - St. Louis, MO	2	60	95.30%	95.00%	87.90%	95.35%	89.47%	57
State Fair Community College 17-408 - Sedalia, MO	2	30	88.00%	85.70%	84.60%	90.91%	79.17%	24
Three Rivers Community College 17-437 - Sikeston, MO	1	26	66.70%	88.90%	77.30%	81.82%	77.78%	18
Three Rivers Community College 17-462 - Poplar Bluff, MO	1	60	62.10%	80.00%	91.70%	100.00%	89.66%	29
Approved Baccalaureate Degree Programs								
Avila University 17-554 Kansas City, MO	1	50	83.30%	87.50%	78.95%	92.86%	83.33%	24
Barnes College of Nursing and Health Sciences UMSL 17-506/St. Louis	2	150	87.10%	91.20%	90.90%	97.26%	97.73%	88

Five Year Pass Rates cont. on pg. 12

ONLINE RENEWALS ARE COMING IN FEBRUARY!

A PIN NUMBER WILL BE REQUIRED FOR ONLINE RENEWAL/UPDATES  
PIN Numbers will be mailed to your home address with your Renewal Notice  
The PIN number cannot be given over the phone

IMPORTANT! YOUR ADDRESS MUST BE CURRENT IMPORTANT!

SEND ADDRESS CHANGES WITH YOUR SIGNATURE VIA MAIL OR FAX  
MSBN, PO BOX 656, Jefferson City, MO 65102 or by fax: 573-751-6745 or 573-751-0075  
Changes via telephone/email will no longer be accepted.



Five Year Pass Rates cont. from pg. 11

Name of Program	Num. OF Classes Per Year	Approved Number of Students Per Class	7/98-6/99	7/99-6/00	7/00-6/01	7/01-06/02	07/02-06/03	#Students tested on Fiscal Report
Blessing-Rieman College of Nursing/Quincy IL 17-504/Quincy, IL	1	65	85.71%	88.00%	100.00%	86.96%	—	—
Central Methodist University 17-509 Fayette, MO	1	50	58.80%	69.20%	58.80%	100.00%	85.71%	7
Central Missouri University 17-573 Warrensburg, MO	2	40	87.80%	92.00%	100.00%	96.00%	92.86%	28
Deaconess College of Nursing 17-500 St. Louis, MO	2	100	93.20%	89.40%	88.40%	90.48%	69.23%	26
Graceland University 17-508 Independence, MO	1	50	94.70%	63.30%	86.70%	87.88%	79.17%	24
Lester L. Cox College of Nursing 17-512 Springfield, MO	1	10	N/A	N/A	N/A	N/A	100.00%	5
Maryville University of St. Louis 17-501 St. Louis, MO	1	120	72.20%	84.60%	89.30%	75.68%	91.11%	45
Missouri Southern State University 17-510 Joplin, MO	1	60	89.70%	94.70%	100.00%	84.85%	76.00%	25
Missouri Western State College 17-502 St. Joseph, MO	2	50	84.80%	93.00%	90.90%	89.29%	92.98%	57
Research College of Nursing 17-566 Kansas City, MO	2	125	77.50%	88.90%	83.30%	81.25%	87.64%	89
Sinclair School of Nursing 17-582 University of Missouri Columbia, Columbia, MO	3	70	88.90%	85.65%	88.30%	92.73%	92.00%	100
Southeast Missouri State University 17-563 Cape Girardeau, MO	2	35	78.80%	93.90%	87.20%	83.02%	87.80%	41
Southwest Missouri State University 17-550 Springfield, MO	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
St. Louis University 17-588, St. Louis, MO	3	120	80.00%	92.50%	96.30%	94.12%	96.84%	95
St. Luke's College of Nursing 17-505 Kansas City, MO.	1	65	88.20%	97.60%	89.50%	95.74%	94.12%	51
Truman State University 17-572, Kirksville, MO	1	65	82.90%	89.30%	90.00%	91.67%	94.12%	34
UMKC-Kansas City 17-575, Kansas City, MO	1	80	N/A	N/A	N/A	N/A	N/A	N/A
William Jewell College 17- 560, Liberty, MO	1	60	90.00%	79.30%	85.70%	100.00%	81.25%	16
Approved Diploma Degree Program								
Lutheran School of Nursing 17-392 St. Louis, MO	2	62.5	69.40%	67.60%	92.00%	100.00%	82.35%	17

# Practice Corner

Authored by Lori Scheidt  
Executive Director

**Missouri State Board of Nursing  
Practice Committee Members**  
Linda Conner BSN, RN, Chair  
David Barrow, LPN  
Amanda Skaggs, RNC, WHNP  
Robin Vogt PhD, RN, FNP-C



**Clarification - Board's position on RNs Rupturing Membranes**

During the Board's March 2004 meeting, the Board reviewed a request for an opinion on RNs rupturing membranes under orders of an obstetrician.

The Board made the decision that artificial rupture of membranes is not within the scope of practice of an RN but it does not preclude artificial rupture of a membrane by an APRN if that authority is delegated in the collaborative practice agreement between the APRN and the physician and it is consistent with each professional's skill, training, education and competence.

Based on comments received from nursing experts, the Board revisited this issue during their June 2004 meeting. The Board further clarified their decision with the following statement. The Missouri State Board of Nursing recognizes that the situation may arise where an amniotomy is considered urgent to place fetal electrodes when the fetal well-being is in question or sometimes an amniotomy occurs when you try to place fetal electrodes. The Board believes RNs may artificially rupture membranes in emergency situations.

The members of the Missouri State Board of Nursing revisited this practice issue again during their September 1-3, 2004 meeting. The Board made the following decision. It is not within the scope of practice for an RN or LPN to routinely artificially rupture membranes (AROM). The Missouri State Board of Nursing recognizes there are instances where AROM is in the best interest of the patient's and fetus' well-being. AROM may be performed by the RN in the event of an emergency or for special situations if there is risk to the mother or fetus as described in hospital policy if the RN has documented education and training to perform AROM.

**Prescriptions Must Indicate Both Collaborating Physician and APN**

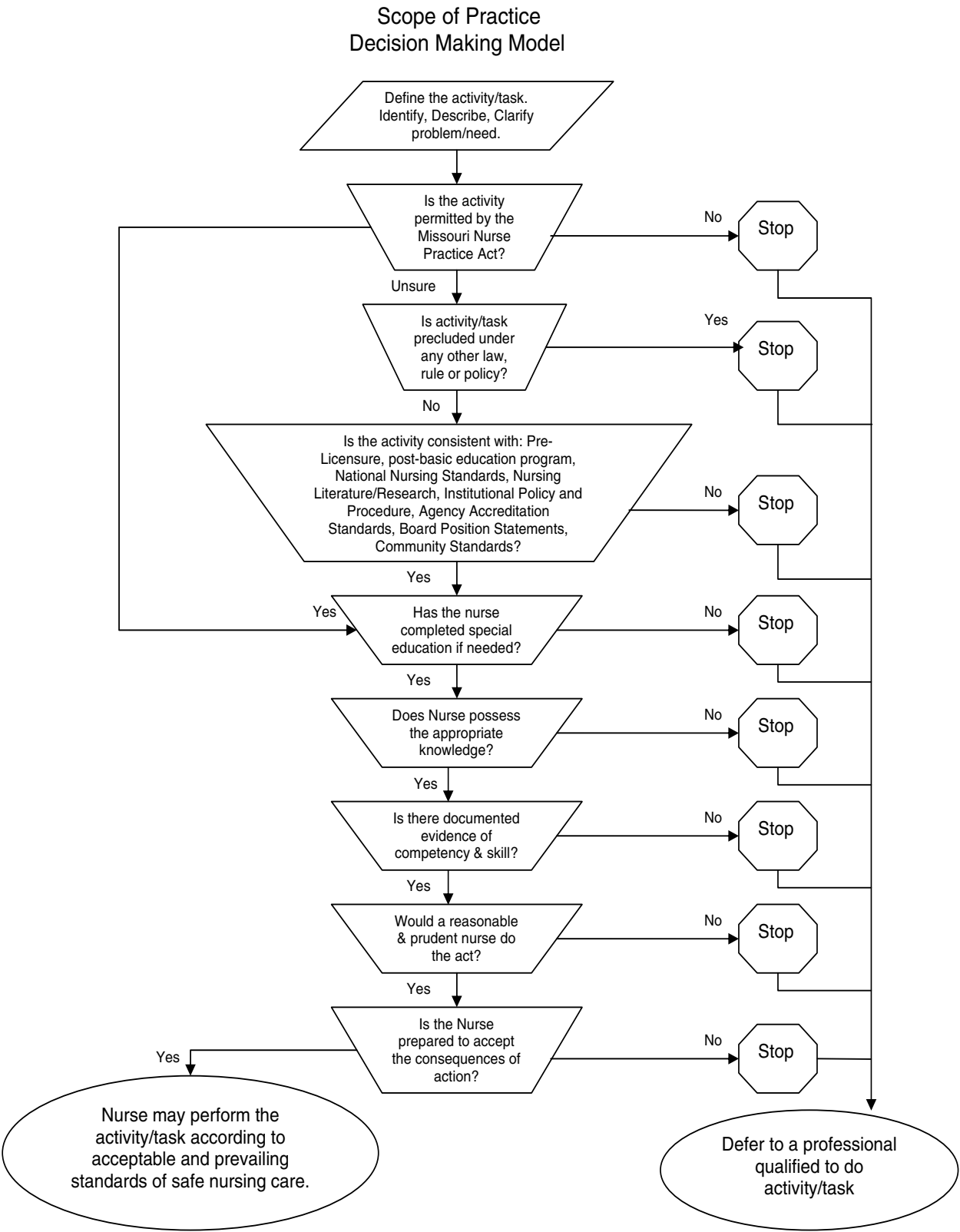
As stated in 4CSR200-4.200 (3)(I)7, "All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating advanced practice nurse".

**Scope of Practice Decision Making Model**

The following tool was developed by the Arkansas State Board of Nursing. The Missouri State Board of Nursing is publishing this tool with their permission. We thought this tool might be helpful to Missouri nurses. Please give us your feedback on this model by sending an e-mail to nursing@pr.mo.gov with the subject line Scope of Practice Tool. We would be interested to know if adopting this model would be helpful to you in your profession.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities. The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses should remain cur-

rent and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.



Practice Corner cont. on pg. 14



Practice Corner cont. from pg. 13

Decision Making Process

1. Define the Activity/Task:  
Clarify what is the problem or need?  
Who are the people involved in the decision?  
What is the decision to be made and where (what setting or organization) will it take place?  
Why is the question being raised now?  
Has it been discussed previously?

2. Is the activity permitted by Missouri Nurse Practice Act?  
NO – Stop. Defer the activity/task to a professional qualified to do the activity/task.  
Yes – Go to Question # 5 – Special education needed?  
Unsure -- Go to Question # 3 – Precluded by other law, rule, or policy?

3. Is activity/task precluded under any other law, rule or policy?  
No – Go to Question #4 – Consistent with....  
Yes -- Stop. Defer the activity/task to a professional qualified to do the activity/task.

4. Is the activity consistent with:  
Pre-licensure/post-basic education program  
National Nursing Standards  
Nursing Literature/Research  
Institutional policies and procedures  
Agency Accreditation Standards  
Board Position Statements  
Community Standards?  
No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.  
Yes – Go to Question # 5 – Special education needs?

5. Has the nurse completed special education if needed?  
No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.  
Yes – Go to Question # 6 – Possess appropriate knowledge?

6. Does nurse possess appropriate knowledge?  
No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.  
Yes – Go to Question #7—Documented competency?

7. Is there documented evidence of competency & skill?  
No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.  
Yes – Go to Question #8 – Reasonable & prudent nurse?

8. Would a reasonable & prudent nurse perform the act?  
No -- Stop. Defer the activity/task to a professional qualified to do the activity/task.  
Yes – Go to Question #9 – Prepared to accept consequences?

9. Is nurse prepared to accept the consequences of action?  
No -- Stop. Defer the activity/task to a professional qualified to do the activity/.  
Yes – Nurse may perform the activity/task according to acceptable and prevailing standards of nursing care.

Guidelines for Decision Making

The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although their perspectives are different the process is the same. The following steps are basic to the process.

Clarify: What is the problem or need?  
Who are the people involved in the decision?  
What is the decision to be made and where (what setting or organization) will it take place?  
Why is the question being raised now?  
Has it been discussed previously?

Assess: What are your resources?  
What are your strengths?  
What skills and knowledge are required?  
What or who is available to assist you?

Identify Options:  
What are possible solutions?  
What are the characteristics of an ideal solution?  
Is it feasible?  
What are the risks?  
What are the costs?  
Are they feasible?  
What are the implications of your decision?  
How serious are the consequences?

Point of Decision:  
What is the best decision?  
When should it be done?  
By whom?  
What are the implications or consequences of your decision?  
How will you judge the effectiveness of your decision?

Application of Guidelines for Decision Making

- Clarify what it is you are being asked to do:
- Gather facts that may influence the decision.

• Are there written policies and procedures available to describe how and under what conditions you will perform this task?

• Does the new responsibility require professional judgement or simply the acquisition of a new skill?

• Is this a new expectation for all RNs? LPNs? APRNs?

• Has this been done before by others in your unit or health care facility?

• Is it just new to you?

• What about the other facilities in your community or region?

• What are the nurse manager’s expectations about you or other RNs, LPNs, APRNs, becoming responsible for this procedure?

• When will this become effective?

• Will there be an opportunity to help you attain the needed clinical competency?

• Who will be responsible for the initial supervision and evaluation of this newly performed task?

• Will you be given additional time to learn the skill if you need it?

- Assess:
- Are you clinically competent to perform this procedure?

• Do you currently have the knowledge and skills to perform the procedure?

• Have you had experience in previous jobs with this procedure?

• Who is available to assist you who has that skill and knowledge?

• Is that person accessible to you?

• Do you believe you will be able to learn the new skill in the allotted time?

• How can you determine that you are practicing within your scope of nursing?

• What is the potential outcome for the patient if you do or do not perform the procedure?
- Identify options and implications of your decision. The options include:
- The responsibility/task is not prohibited by the Nurse Practice Act.

If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, your are ready to accept this new responsibility.

You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.

If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary.

At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national, and various publications. The American Nurses Association Code for Nurses, standards on practice, and your employer’s policies and procedures manuals are valuable resources. The Nurse Practice Act serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

- Point of decision/Implications.
- Your decision may be:

Accept the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual. You are now legally accountable for its performance.

Agree to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial inservice, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

Refuse to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer’s grievance procedure.

For additional information on the Nurse Practice Act, Rules and Regulations, and Position Statements see the MSBN web page: <http://pr.mo.gov/nursing.asp>



## Registered Nurse VI – Practice Administrator



**Missouri Department of Economic Development**  
**An Equal Opportunity Employer**

## CAREER OPPORTUNITY

Professional Registration – State Board of Nursing, Jefferson City

PAY RANGE: A30 \$41,676 - \$46,356

### Responsibilities:

- Responds to inquiries about practice.
- Coordinates and administers research studies/activities.
- Monitors trends and issues that impact nursing practice.
- Drafts initial or revises practice-related position statements for review by the Board.
- Plans agenda, coordinates meetings, and staffs Board's Practice Committee.
- Approves advanced practice registered nurse applications pursuant to statutes, rules and policies.
- Educates nurses and public about issues involving nursing practice.
- Reviews proposed legislation.

### Qualifications:

- Three years of professional nursing experience and possession of a Master's Degree in Nursing from an accredited college or university.  
OR
- Four years of professional nursing experience and graduation from an accredited four-year college or university with a Bachelor's Degree in Nursing.  
OR
- One year of experience as a Registered Nurse V under the State of Missouri's Uniform Classification and Pay System.
- Must have a current license to practice as a Registered Nurse in the State of Missouri at the time of appointment.

For a complete job description go to <http://www.ded.mo.gov/cgi-bin/dedjobs.pl> and select "Registered Nurse VI"

**Send cover letter and resume to:**

Missouri State Board of Nursing  
Attn: Lori Scheidt  
P.O. Box 656  
Jefferson City, MO 65102  
Fax: (573) 751-0075  
EOE:F/M/V/D  
**Position open until filled**



# Discipline Corner

Authorred by Liz Cardwell, ME.d., RN  
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

Charlotte York, LPN, Chairperson  
Linda Conner, BSN, RN  
David Barrow, LPN  
Cindy Suter, JD  
Amanda Skaggs, RNC, WHNP

Our office frequently receives questions from nurses and nurse employers inquiring as to what conduct may result in a violation of the Nursing Practice Act, Chapter 335, RSMo. As you know, the Nursing Practice Act sets forth various grounds for discipline, which are delineated into fifteen separate subsections in section 335.066.2 of the Nursing Practice Act.

In order for you to develop a better understanding of what conduct constitutes a violation of the Nursing Practice Act, my next two articles will look at each subsection and explore what behaviors may fit into each provision.

The following format is what you see in our quarterly Newsletter: (name) Ima Nurse; (license number) rn/pn000000; (violation) Section 335.066.2 (1), (2) and so on through (15) subsections; (effective date of probation) 0/0/0000 to 0/0/0000. My plan to focus on (1) through (6) of the 15 subsections in this article. After reading this article, you will have a better understanding of the grounds for discipline for a disciplined licensee. After having developed an increased understanding of each of the subsection numbers, you will be better able to understand the description of the violation, in particular the section that was violated.


Before discussing the fifteen grounds for discipline, it is important to have an understanding of the actual law, which is as follows:

The beginning paragraph, 335.066.1, indicates that the Board may refuse to license an individual based on one or more of the 15 subsections.

" The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to sections 335.011 to 335.096 for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo."

The following paragraph, 335.066.2, tells the reader that the Board has the authority to discipline a nurses license based on any one or more of the 15 subsections.

" The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by sections



Cardwell

335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:"

(1)Use or unlawful possession of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

As you can see, subsection (1) consists of three types of prohibited conduct that includes: (a) use of a controlled substance to the extent that such use impairs a licensee's ability to safely and competently practice as a nurse; (b) use of alcohol to the extent that such use impairs a licensee's ability to safely and competently practice as a nurse; and (c) unlawful possession of a controlled substance.

Below I have listed examples of conduct that would likely fall within the aforementioned category:

- Reporting to work after consuming your prescription medication that impairs your ability to perform your nursing activities.
- Consuming alcohol prior to or while on duty resulting in your ability to perform your nursing duties being impaired.
- Misappropriating medication from your employer or patient.
- Reporting to work after consuming a controlled substance for which you do not have a valid prescription (i.e., a friend or relative's prescription medication) that impairs your ability to perform your nursing duties.
- Possessing a controlled substance without a valid prescription
- Consuming or possessing illegal street drug such as marijuana or cocaine.

Please note that when a licensee violates subsection (1), the licensee's conduct is also usually in violation of subsection's (5)(12) and/or (14). To begin with, reporting to work in an impaired condition or misappropriating controlled substances is generally considered incompetency and may reach the level of misconduct or gross negligence depending on the seriousness of the conduct. In addition, being impaired while on duty is considered a violation of professional trust and confidence because licensees are expected by their employer, colleagues and patients to be safe and competent practitioners. Finally, any time a licensee unlawfully possesses a controlled substance, which also includes street drugs, without a valid prescription, the licensee's conduct is in violation of the drug laws that are set forth in Chapter 195, RSMo.

"(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;"

Subsection (2) allows the Board to pursue discipline against a licensee who is found guilty, pleads guilty or pleads no contest to a crime that falls within one of the categories listed. First, crimes related to the functions, duties or qualifications of a nurse. Next, any crime such as murder or defrauding creditors that includes fraud, dishonesty or violence as an essential element, regardless of whether the crime related to nursing practice is included in subsection (2). Finally, any crime that involves moral turpitude, again regardless of whether the crime relates to nursing practice, is covered by this subsection; moral turpitude is conduct that is contrary to the accepted rights and rules that people owe each other. Examples of a violation of (2) are as follows:

- patient abuse
- unlawful possession of a controlled substance
- murder, assault, stealing
- driving while intoxicated

(3)"Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;"

Subsection (3) is violated if an applicant or a licensee provides false information on a licensure or renewal application. As a result, if the Board becomes aware that a licensee failed to disclose information such as discipline in another state, or has criminal convictions/please, the Board may pursue discipline.

Closely related to subsection (3) is subsection (11), which allows discipline by the Board if a license is issued, based on a material mistake of fact. This will be more closely examined in Part 2 of this article. An example of an actions that violates (3) is:

- Submitting false information on an application or renewal for licensure.

(4)"Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;"

Subsection (4) is relatively self-explanatory in that if the nurse receives compensation by deceit, that action is a violation of this subsection.

(5)"Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096; "

As you can see, Subsection (5) consists of six types of conduct that are prohibited if the conduct occurs in the performance of the functions and duties of a nurse. Because each of the terms listed in subsection (5) has specific legal meaning, each term is set forth below. The examples listed

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below are not all inclusive and that conduction may violat-  
ed more than one element of subsection (5) depending on  
the nature and severity of the conduct.

- Incompetency occurs when a nurse either lacks of fails to use his/her nursing abilities and knowledge. Examples of incompetency include, but are not limited to, medication errors, pre-charting the administration of medication and treatments, inadequate documentation, failing to follow physician orders properly, violating facility policy or practicing on a lapsed license.
- Misconduct is present when a nurse intentionally engages in wrongdoing. Examples of misconduct include, but are not limited to, misappropriating medications from the place of employment, knowingly administering medications without a physician’s order, knowingly practicing beyond the nurse’s scope of practice, or abusing a patient.
- Gross negligence occurs when a nurse is consciously or recklessly indifferent to a professional duty. Examples of gross negligence include but are not limited to failing to provide required treatments and/or medications and not responding to patient needs.
- Fraud is present when a nurse intentionally misrepresents the truth in order to benefit from the misrepresentation. Behaviors such as forging prescriptions, falsifying a time card, or falsifying a controlled substance sign out document.
- Misrepresentation occurs when a nurse communicates a falsehood with the intent and purpose of deceit. Misrepresentation may include such behaviors as practicing and titling as an advanced practice nurse without a Document of Recognition from the board, lying to an employer in order to continue working as a graduate nurse after the ninety day exemption period has ended or the nurse has failed the examination.
- Dishonesty occurs when a nurse demonstrates a lack of integrity or a disposition to deceive. Examples of dishonesty could include but are not limited to such behaviors as falsifying Accu-check results, vital signs or stealing hospital property

(6)"Violation of, or assisting or enabling any person to

violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096; "

Subsection (6) allows for discipline if a licensee violates any part of the Nursing Practice Act or the rules governing the practice of nursing. A violation of (6) usually occurs when a nurse practices on a lapsed license because an individual cannot practice or title as a nurse in Missouri without a license. The requirement for licensure is included in sections 335.016(6) and (10), 335.056, 335.076.3 and

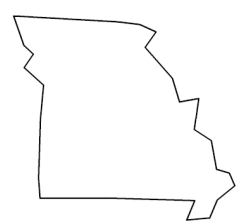
335.086(3), RSMo. Examples of violations of (6) are as follows:

- As a Supervisor, allowing a nurse to work with a lapsed license.
- Practicing beyond the 90 day exemption period.
- An LPN providing intravenous fluid treatment without proper certification in violation of 4 CSR 200-6.010.

I recommend that you become familiar with the Nursing Practice Act for the protection of the public and your license. My next article will address the remaining nine grounds for denial or discipline of a license.







# Licensure Corner

Authored by Kathy Tucker  
Licensing Supervisor

**Licensure Committee Members:**  
Kay Thurston, ADN, RN, Chair  
Robin Vogt, PhD, RN, FNP-C  
Charlotte York, LPN  
Teri A Murray, PhD, RN



Tucker

**ON-LINE RENEWAL**

Effective with the upcoming RN renewal phase you will be able to renew your RN license on-line. Renewal notices will be mailed February, 2005. Instructions on how to renew on-line will be provided with your renewal notice.

**NAME AND ADDRESS CHANGES**

To assure that you receive your renewal notice or other communications, please notify our office of any name and/or address changes prior to December 1, 2004. **Name and address changes now require your signature to safeguard your pin number which will be needed for online renewal.** Methods of contacting our office are as follows:

- Fax: 573-571-6745 or 0075
- Mail: Completing the form provided in the Board's newsletter or sending a written request.

**WEB-SITE UPDATE**

Our web-site has been updated to include discipline information when verifying a license via the web-site at <http://pr.mo.gov/nursing.asp>.

**LICENSE RENEWAL FOR DEPLOYED MILITARY PERSONNEL**

**State statute 41.950 states:**

"1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve compo-

nents have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of thirty days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within sixty days of completing such military service without penalty;"

A nurse is licensed under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within sixty days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

**VERIFY LICENSES AND CURRENT DISCIPLINE ONLINE**

You can verify a nursing license at [pr.mo.gov](http://pr.mo.gov) Click on LICENSEE SEARCH. You can search by name or license number. The search results will show the licensee's name, city, state, original issue date, expiration date and whether there is any discipline currently on the license.

**WHAT IS PUBLIC INFORMATION?**

In accordance with Section 620.010.14(7), RSMo, the **only** information regarding an applicant/licensee that is public includes:

- Name (including maiden name and previous names);
- Address;
- License type, license number, dates of issuance and expiration date;
- License status (i.e. current, inactive, lapsed, surrendered or no license issued);
- License certifications and dates (e.g. IV Certified); and
- Disciplinary action taken against a license (i.e. censure, probation, suspension, revocation).

The above is the only information that may be released to

the public, including family members, employers and the media.

**Confidential information in an applicant/licensee's file may only be released under the following circumstances:**

- With the written authorization of the applicant/licensee;
- Through the course of voluntary interstate exchange of information with other boards of nursing;
- Pursuant to a court order; or
- To other administrative or law enforcement agencies acting within the scope of their statutory authority.

**Occasionally, a caller might want to verify a licensee/applicant's date of birth or social security number. A licensee or applicant's date of birth and/or social security number is not public information and therefore cannot be verified by our office unless we are provided with a signed release from the licensee/applicant.**

**MISSOURI NURSING PRACTICE ACT AVAILABLE ONLINE**

You may view the Missouri Nursing Practice Act (Statutes) from our website at [pr.mo.gov](http://pr.mo.gov) or submit a request to purchase a bound copy for \$5.00. The order form is available on our website.

**COMMONLY ASKED LICENSURE QUESTIONS**

***Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?***

Contact the Division of Aging at (573) 526-5686.

***Where do I call to verify an Emergency Medical Technician (EMT)?***

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

***What is the process for the Board to endorse my license to another state?***

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at [http://www.ncsbn.org/public/regulation/boards\\_of\\_nursing\\_board.htm](http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm) At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can

*Licensure Corner cont. on pg. 20*



Licensure Corner cont. from pg. 19

download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf> Complete your part of the form and send it to the address indicated on the form with a \$30.00 money order.

VERIFICATION OF A LICENSE

You can verify licenses on-line at [pr.mo.gov](http://pr.mo.gov) Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee’s name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back to you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse’s name and license number. E-mail the list to [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us)

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year the license was issued followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8:00 AM to 5:00 PM, excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at [nursing@mail.state.mo.us](mailto:nursing@mail.state.mo.us)
- On-Line Licensee Search at [pr.mo.gov](http://pr.mo.gov)

# Graduate Nurse Practice

THE RULE

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an **Authorization to Release Confidential Information** form so we may provide you with periodic updates on the person’s exam and licensure information. A sample authorization form is included with this article.

AFTER THE EXAMINATION

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who

have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

ABOUT ORIENTATION

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

PROPER SUPERVISION

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, \_\_\_\_\_, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, \_\_\_\_\_, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_
Date

\_\_\_\_\_
Applicant’s Signature

\_\_\_\_\_
Applicant’s Printed Name

\_\_\_\_\_
Applicant’s Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745



# Investigations Corner

Authored by Quinn Lewis  
Investigations Administrator

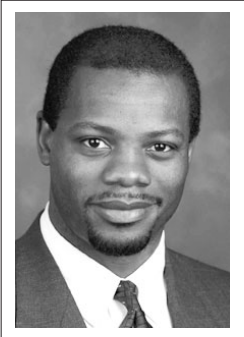
## How to Submit a Diversion Complaint

The Board receives numerous complaints each year pertaining to the theft and misappropriation of controlled medications. Unfortunately, theft of controlled medications and drug use is a major problem in the healthcare field. Illegal drug use and stealing medications pose a significant threat to public safety. Whether it's for personal consumption or resale, this is a serious problem.

Due to the shortage of nurses, administrators are faced with the difficult task of maintaining adequate staff while ensuring patient safety by removing those nurses found to be diverting or using drugs while on duty. When diversion is detected and there is sufficient evidence of such, it is important to report it to the Board. Please note "sufficient evidence" is key.

To expound on what is meant by "sufficient evidence", note that an investigation is a serious event and should only be opened appropriately and responsibly. Sufficient probable cause is required before the Board opens an investigation. The time that it takes for an investigation to be completed and the final decision rendered can be a stressful time for the nurse. To require adequate documentation and facts to justify opening an investigation is fair and responsible. When submitting any type of complaint against a licensee the complainant should be as detailed as possible. All cases are not created equal, meaning some are more serious than others. Therefore, details are very important.

Obtaining a controlled substance through fraud, deceit,



Lewis

misrepresentation, or subterfuge is a class D felony. If you have knowledge of someone diverting drugs and it falls under the above-mentioned criteria, notify your local police department of this crime.

The following information will give you an idea of what the Board needs for a well-prepared diversion complaint:

### • Red Flags?

Describe to the Board what triggered a red flag to you. When diversion is suspected there should be something that grabs your attention and leads you to believe that this person is diverting drugs. The following are just a few examples of red flags.

- The nurse makes numerous mistakes that are uncommon for someone with their experience.
- There are excessive documentation errors involving controlled medications.
- The nurse is withdrawing a disproportionate amount of controlled medications compared to other nurses assigned to the same patients.
- The nurse is withdrawing medication for patients not assigned to him/her.
- Patients are complaining of not receiving their controlled medications on this nurse's shift.

### • How was the Diversion Detected?

Whether it's one of the items mentioned above or something different, please explain how the diversion was detected.

### • Documentation?

Include documentation that tracks the medication, such as the Pyxis printout, narcotics sheets and medication administration records. The Board realizes there is a concern as to what information can be released due to stringent HIPPA Laws. HIPPA allows covered entities to disclose protected health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations. HIPPA

also allows covered entities to release de-identified information. De-identified means that all identifiers have been removed from the protected health information that could provide the identity of the patient.

### • Drug Screens?

Was there a urine drug screen performed? If so, please include the results of the drug screen when you submit your complaint.

### • Witnesses?

Did anyone witness the alleged diversion? If so, please submit the witness name and contact information.

### • Patient Harm?

Also, include if there was any patient harm involved. If so, please describe the event in detail.

There is one more thing to address pertaining to submitting a diversion complaint. On occasion we receive complaints from medical facilities that detected diversion by a nurse and initially decided to work with the nurse in lieu of termination. The facility will put systems in place to allow the nurse to continue to practice safely. Many times the nurse does not abide by these systems and they violate their agreement with the facility. The facility will then terminate the nurse and submit a complaint to the Board. This is required in most cases due to the mandatory reporting rule. This delayed reporting creates problems with our investigation.

It should be noted that when a facility reports a nurse for final disciplinary action, the report would probably result in an investigation. The point being is that we ask the facility to submit the documentation that outlines the initial conduct. Just sending in a vague blurb that says nurse Jane Doe was terminated for violation of the hospital's return to work agreement is not sufficient. We will need to know the initial conduct, the circumstances that led up to the nurse's detection and eventual termination. It is appropriate to include an internal investigation report completed by the facility with the complaint.

Including the information outlined above would enable the Board to process and expedite the completion of diversion complaints. The Board appreciates your cooperation in this matter.

# Vogt, Murray and Scheidt Appointed to National Committees

Robin Vogt, PhD, RN, FNP-C, President of the Missouri State Board of Nursing has been re-appointed to the Practice, Regulation and Education (PRE) Committee. This charge of this committee is to:

- Continue to identify evidence-based indicators of nursing education programs, collaborating across professions and using the IOM guidelines for health professions education
- Conduct the Second Patient Safety Summit to be held in conjunction with the Citizens Advocacy Center
- Develop criteria for boards to use when approving nursing education programs, broadly looking across professions and incorporating the evidence-based indicators of nursing education programs that will be identified

- Develop a study to measure the outcomes of programs that transition nurses from education to practice, based on the effective transition models that were developed by PR&E Committee members in FY2003
- Review the actions and decisions at the Annual Meeting to determine if there are content implications for the models, and make recommendations to the Board of Directors
- Oversee the work of three subcommittees: Models Revision, International Nurse, and Delegation and Assistive Personnel

Teri Murray, PhD, RN, Secretary of the Missouri State Board of Nursing has been re-appointed to National Council of State Boards of Nursing’s Item Review Subcommittee. Her appointment is for a two-year term

ending September 30, 2006.

The subcommittee will:

- evaluate all RN and PN pretest questions as well as all operational items;
- evaluate actual candidate examinations in relation to a variety of criteria;
- provide written reports to the Examination Committee at each business meeting; and
- may assist the Examination Committee by providing committee representation at item development meetings

Lori Scheidt, Executive Director, as appointed to the Commitment to Ongoing Regulatory Excellence Advisory Panel (CORE). The committee will:

- Provide oversight of the performance measurement system;
- Refine performance measures;
- Modify and develop data collection tools; and
- Identify best practices.

The National Council of State Boards of Nursing, Inc., (National Council) is a not-for-profit organization whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and five United States territories--American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands.

The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

The purpose of the National Council is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. The major functions of the National Council include developing the NCLEX-RN® and NCLEX-PN® examinations, performing policy analysis and promoting uniformity in relationship to the regulation of nursing practice, disseminating data related to the licensure of nurses, conducting research pertinent to the National Council's purpose, and serving as a forum for information exchange for National Council members.

# Summary of Actions

## September 2004 Board Meeting

**Education Matters**  
**Student Enrollment Increases**

- Sanford Brown College, ADN Program, St. Charles, #17-421 – request to admit 90 students one year and 60 students the following year was approved.
- Maryville University of St. Louis, BSN Program, #17-501 – request to increase enrollment from 120 to 140 students per academic per year was approved.
- Three Rivers Community College, ADN Program, #17-462 – request to increase enrollment from 30 per class to 60 per class was approved.

**Proposals for New Programs/Tracks**

Penn Valley Community College, ADN Program – request to offer an evening-weekend generic ADN track was approved.

**Curricular Approvals**

Three Rivers Community College, ADN #17-462 – request to continue to teach an asynchronous course on the world-wide web was approved.

**The following items were reviewed and accepted:**

- Pilot project presented by MHA/Kansas City Collegiate Educators which would involve a temporary exemption to existing regulations that require Master’s prepared RNs to teach in the clinical setting in Missouri Baccalaureate nursing programs.
- NCLEX® test scores for programs of nursing.
- Two Five-Year Site Visit Reports for Practical Nursing Programs.

**Discipline Matters**

The Board held 5 disciplinary hearings and 13 violation hearings. The Discipline Committee reviewed 90 RN cases, 54 PN cases, 23 Litigation items and 39 disciplined licensee-meeting reports.

**Licensure Matters**

The Licensure Committee reviewed 13 applications. Results of reviews as follows:

- Applications approved – 1
- Applications approved with probated licenses – 5
- Applications denied – 1
- Approved with letter of Concern – 2
- Approved with Grave Letter of Concern – 4

**Practice Matters**

Clarification of Board Opinion on RNs rupturing membranes under the orders of an obstetrician:

- The Board made the decision in **March 2004** that *artificial rupture of membranes is not within the scope of practice of an RN but it does not preclude artificial rupture of a membrane by an APRN if that authority is delegated in the collaborative agreement between the APRN and the physician and it is consistent with each professional’s skill, training, education and competence.*
- The Board clarified their decision in **June 2004** with the following statement: *The Missouri State Board of Nursing recognizes that the situation may arise where an amniotomy is considered urgent to place fetal electrodes when the fetal well-being is in question or sometimes an amniotomy occurs when you try to place fetal electrodes. The Board believe RNs may artificially rupture membranes in emergency situations.*
- After additional review and discussion, the Board further clarified their decision at the **September Board** meeting with the following statement: *"It is not within the scope of practice for an RN or LPN to routinely artificially rupture membranes (AROM). The Missouri State Board of Nursing recognizes there are instances where AROM is in the best interest of the patient’s and fetus’ well-being. AROM may be performed by the RN in the event of an emergency or for special situations if there is risk to the mother or fetus as described in hospital policy if the RN has documented education and training to perform AROM."*

## BSNs: Grant Funding Assistance to Become a Psych/Mental Health APN Now Accepting Applications for January Classes!

The Workforce Development Board of Western Missouri, Inc. was awarded an H1B grant from the Department of Labor in October 2003. The grant is comprised of four initiatives designed to alleviate the shortage of mental health professions in rural, west central Missouri. Serving as administrator and fiscal agent of the grant is the Workforce Development Board of Sedalia, Missouri. Local partners in the grant include: Royal Oaks Hospital & Clinics, Pathways Community Behavioral Health Services, Inc., MU Behavioral Health Services; and educational institutions: Forest Institute of Professional Psychology, MU School of Medicine, Dept. of Psychiatry, and MU Sinclair School of Nursing.

Initiative number two is designed to provide the required education and clinical training to nurses with a Bachelors of Science in Nursing (BSN) that would permit them to obtain a Master’s degree as an Advanced Practice Nursing in Psych/Mental Health.

A limited number of nurses with a BSN will be educated to become Psych/Mental Health APNs to work in collaboration with psychiatrists to diagnose and prescribe medication to mental health patients. The UMC Sinclair School of Nursing will provide on-line training for those with a BSN to become eligible to sit for the Psych/Mental Health certification exam and be recognized as an APN in Missouri.

Participants will receive 42-45 online semester credit hours through the UMC Sinclair School of Nursing, as well as 500 hours of supervised clinical practicum. Participants must meet the requirements of Sinclair School of Nursing and successfully be chosen from application and interview process relative to the grant.

The funds from the H1B grant and the matching contributions from the partners will defray the tuition fees of the selected applicants. **All** BSNs are eligible to apply. Applicants from the following 13 counties will have priority on acceptance: Pettis, Saline, St. Clair, Vernon, Bates, Chariton, Carroll, Lafayette, Johnson, Henry, Benton, Hickory, and Cedar. If you currently have your BSN and are interested in obtaining a Master’s degree through this grant, please notify Molly Bradley, H1B Grant Coordinator, at the Workforce Development Office by phone at 1-888-448-3722, or by email at wdbmb@iland.net.

### DID YOU CHANGE YOUR NAME? DID YOU CHANGE YOUR ADDRESS? DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing.....” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use the form below to notify the board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE			
1. Is this an address change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is this a name change? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
<b>OLD INFORMATION (please print):</b>			
First Name		Last Name	
Address :			
City	State	Zip Code	
<b>NEW INFORMATION (please print)</b>			
First Name		Last Name	
Address(if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	Telephone Number
Please provide signature:			

**Duplicate license instructions:**

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document), and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

**Is Your License Lost or Has It Been Stolen?**

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on our website at [www.ecodev.state.mo.us/pr/nursing](http://www.ecodev.state.mo.us/pr/nursing).

**For name and/or address changes submit this form by:**

- fax: 573-751-6745 or 573-751-0075
- mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102



# NCSBN Elects New Board of Directors at Annual Meeting

**Chicago, IL.** The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2004 Delegate Assembly. Members representing the boards of nursing elected officers for a two-year term and two directors-at-large for one-year terms. Those elected include:

**President**  
**Donna M. Dorsey, MS, RN, FAAN,** the executive director, Maryland Board of Nursing, was re-elected NCSBN president for a two-year term. Most recently she has been involved with the Joint Commission on Accreditation of Healthcare Organizations’ Nursing Advisory Council. In 2003 she was one of two nurses who received the 2003 Florence Nightingale Medal, the highest honor awarded by the American Red Cross to nurses. Additionally, Ms. Dorsey was named a fellow of the American Academy of Nursing in 2003. Her NCSBN experience includes former Treasurer, and numerous committee appointments. Specifically, Ms. Dorsey served on the NCSBN Commitment to Excellence Project and as the vice chair of the Nurse Licensure Compact Administrators. In addition, she continues to be active with the American Red Cross, serving as the national chairman of nursing from 1995 –1999 and currently serves as senior advisor to the chief nurse. She is also a member of Sigma Theta Tau, the American Nurses Association and the National League for Nursing. Currently, she is vice chair of the Maryland Commission on the Crisis in Nursing.

**Vice President**  
**Polly Johnson, RN, MSN,** executive director, North Carolina Board of Nursing. Ms. Johnson has held various committee appointments at NCSBN, including the Commitment to Excellence Project. She also is a member of the Nurse Licensure Compact Administrators (NLCA). She has serves on the North Carolina Center for Nursing Advisory Council, is the facilitator of the North Carolina APRN Coalition and was a member of the 2003 North Carolina Institute of Medicine Nursing Workforce Taskforce. She is also the Chair of the Foundation for Nursing Excellence, a non-profit organization founded by the NC Board of Nursing to enhance the practice of nursing in North Carolina. Ms. Johnson recently served on the Institute of Medicine's (IOM) Committee on Health Professions Education. She is also active with the Citizen Advocacy Center (CAC) and their Practitioner Remediation and Enhancement Partnership (PREP) Project.

**Treasurer**  
**Sandra Evans, BSN, RN, MA Ed,** executive director, Idaho Board of Nursing. Ms. Evans was re-elected Treasurer for her final two-year term, after serving on the NCSBN Finance Committee for five years, along with other NCSBN committee appointments. She is a member of the Idaho Commission on Nursing and Nursing Education, Sigma Theta Tau, Colleagues in Caring, and the American Nurses Association.

**Directors-at-Large**  
**John Brion, RN, MS, PhD Candidate, Executive Director, Ohio Board of Nursing.** Mr. Brion currently serves on the Ohio Governor’s Taskforce on Healthcare Workforce Shortage, and on the Nursing Reimbursement Study Council’s subcommittee on Regulatory Reform. Additionally, he was a member of the NCSBN sub-committee on International Nurse Issues and a participant in the NCSBN Institute on Regulatory Excellence.

**Constance B. Kalanek, PhD, RN, Executive Director, North Dakota Board of Nursing.** Dr. Kalanek has served NCSBN on the Commitment to Ongoing Regulatory Excellence Research Project, Resolutions Committee, Nurse Licensure Compact Administrators, Practice, Education and Regulation Task Force, and Executive Officers Network. . Additionally she was a member of the North Dakota Patient Quality Care Task Force Steering Committee, Statewide Curriculum Task Force, and currently represents the North Dakota Board of Nursing on the Nursing Practice Committee, Center for Health Workforce Data – Nursing Needs Study, and the Health Practitioner Workforce Coalition.

In addition, NCSBN members elected two of their four nominating positions during the Delegate Assembly. Those chosen to serve include Karen Taylor, Arkansas Board of Nursing and Mary Bowen, Pennsylvania Board of Nursing. NCSBN will elect new area directors, two directors-at-large, and two members to serve on the Nominating Committee in 2005, at its August , in Washington, D.C.

## Top 10 Questions LPN’s *Must Ask Before* Studying Independently for Their RN

by Lori McCarthy, MS, RN  
Nurse Educator, Spring Hill, Florida

Do it Right! Spend 10 Minutes Getting Answers to These Important Questions...First!

The business of independent study for nursing, sometimes referred to as distance learning or home study, has exploded! This is due in part to the nursing shortage and the shortage of faculty to teach nursing, which has resulted in long waiting lists at nursing schools. Another reason independent study seems to have become so popular is the flexibility factor. A nurse’s work schedule can vary, and studying from home, without time restraints, can be an easier fit, especially for those with children.

Fully-accredited institutions set the academic standards for independent study for nursing. There are many institutions which are awarding independent study degrees. There are also companies which offer materials that prepare you to pass the CLEP, DANTES and EC Exams. As with all goods and services, some of these companies are better than others. If you are an LPN who is considering earning your RN by studying independently, do your homework before you start studying. Ask the following questions to help you to decide which company might be the best fit for you. *Editorial comment: Be aware that if the program has no clinical component, some states will not allow you to take the licensing examination.*

**1. First and most importantly, ask yourself: Am I serious about earning my degree? Am I self motivated?** Independent study is not for everyone. You have to have strong self discipline in order to stay on track. There are a lot more distractions at home than in a classroom. Independent study is more convenient, but only if you schedule the time for consistent study and stick to it.

**2. Almost as important, ask for a list of contact information for the nurses who have or still are using the company’s materials.** It’s best to get it straight from the horse’s mouth, and not just two or three nurses...a list. If the company says they cannot give out their client’s personal contact information, keep shopping until you find one that will.

**3. Is the company endorsed by the National Federation of LPNs or other LPN Associations?** If the company’s study materials are of a higher standard and the company itself operates with reliability and integrity this can be verified by endorsements. Call the NFLPN and ask. You can reach them at 1-800-948-2511 or go to [www.nflpn.org](http://www.nflpn.org). Also if you’re not already a member, consider joining the NFLPN or your state LPN association. These nursing associations are dedicated to supporting you...the nurse.

**4. How are their study materials/workbooks produced and for which are they formatted: memorization or learning?** Your study materials should be written and produced by nursing educators! This is crucial. You can’t

learn nursing from a professional writer. The material format is important because while memorization is a significant component to passing tests, it’s *not enough*. It is more important that you *learn and understand*. In nursing, it is especially vital to *not only* know the answers...but also to know *why* the answers are correct, or *more importantly*...incorrect. Look for a company that offers more than just test preparation.

**5. What information should I study and how much research is involved?** There should be focus and direction in your study materials. You don’t want to waste your time with things you already know or information that is not required. You also don’t want to spend precious hours researching textbook after textbook, trying to locate required information. Studying the appropriate content, as well as direction to exactly where to find it is vital. This can save you a substantial amount of time while maintaining the integrity and quality of the knowledge acquired. The materials should direct you to precisely what to study and specifically where to find it.

**6. How many practice questions are supplied and in what format?** There are generally between 150 to 200 multiple choice questions on every exam. The practice questions offered should be similar in both quantity *and* format.

**7. What kind of guidance and support does the company offer and for how long?** The company should provide you with step by step information on what to do and when to do it, preferably in writing. They should offer various options for academic support, such as an on staff nurse educator or consulting professor, not just anyone who happens to answer the phone. They should also have trained professionals to offer assistance, guidance and encouragement.

**8. Ask for the exact amount you will be investing in your degree.** This should include all fees for: study materials, college enrollment, testing fees, clinical evaluation fees and graduation fees. Even ask about shipping costs. If the company cannot give you an exact amount, to the penny, shop around until you find one who will. *\*Keep in mind that no company can control a change in the college’s fees.*

**9. Know in advance if all study materials needed to successfully prepare for and pass your exams are supplied.** This includes textbooks, workbooks, study guides and videos. There should be no surprise "recommended resources" which can drastically alter the price you’ve been quoted.

**10. Do they offer a money back guarantee?** This one is simple. If the company doesn’t believe in their product...how can you?

The nursing shortage *affects* everyone, just as education *benefits* everyone. Independent study is a viable and convenient educational option for the busy, hardworking nurse. Research the companies first and when you find one that successfully answers all of these questions....Get started!

# Moberly Area Community College Receives Grant for Rural Disadvantaged Nursing Students

Moberly Area Community College in Moberly, MO has received a \$376,161.00 grant entitled *Culture for Nursing Success: a Model for Disadvantaged Students* from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

The grant, which began in July of 2004, will be distributed to MACC over a three-year period.

MACC Director of Allied Health Ruth Jones says that this is an exciting time not only for MACC, but also for Moberly Regional Medical Center in Moberly, Audrain Medical Center in Mexico, and Loch Haven Nursing Home in Macon. "These institutions will serve as Health Care Partners in this project. This unique project links a rural college associate degree nursing program with a professional nursing organization to increase the diversity and cultural sensitivity of nurses in rural Missouri."

Three area high schools will each link with registered nurses from a local health care institution and nursing students from MACC to form support cohorts that encourage successful nursing careers. Activities include a Nursing Career Club with a Culture of Success theme and a summer Nursing Careers Academy.

The registered nurses and nursing students receive mentor and leadership training, including preparation for working with rural disadvantaged and/or minority students through the Missouri Leadership Council for Nursing Students (a project of the Missouri League for Nursing). Projects related to this training will occur at three partnering high schools: Moberly, Mexico, and Macon.

MACC will provide student tutors for the rural disadvantaged and/or minority-nursing students and continued support while in nursing school.

The grant also provides the opportunity for professional nurses in the northeast sector of rural Missouri to attend a one-day workshop to increase cultural sensitivity and competence. A dif-

ferent sub topic will be offered each of the three years of the project.

Evaluation will focus on the best practices for recruiting and retaining rural disadvantaged and/or minority students into nursing careers, beginning at the secondary school level and progressing through the nursing education program. A model for use in other rural areas and by other health professions will be developed and made available.

MACC President Dr. Evelyn E. Jorgenson is pleased Ruth Jones chose to facilitate the grant on behalf of MACC. Dr. Jorgenson said, "The successful completion of the grant will help to further enhance the mission of MACC to offer educational programs and services for all higher education students throughout northeast Missouri.



Shown with MACC President, Dr. Evelyn Jorgenson, right, is Lana Martin, CAE, Executive Director for the Missouri League for Nursing; Susan W. Devaney, EdD, APRN, BC a member of the Board of Directors and Chairperson of the Futures and Technology Committee for the Missouri League for Nursing; and MACC Director of Allied Health Ruth Jones.

# Resource for Addressing Chemical Dependency Issues

Of national concern is the number of nurses who are coming before Boards of Nursing for disciplinary action regarding chemical dependency. The ultimate goal of the process is to help the nurse into rehabilitation and to protect the public from unsafe practitioners. It is a complex and "sticky" issue for managers, employers and colleagues when they suspect that someone is chemically dependent.

National Council of State Boards of Nursing (NCSBN) offers a video and facilitation package for nursing educators and staff facilitators entitled *Breaking the Habit: When Your Colleague is Chemically Dependent*. This package supports goals from boards of nursing to deal proactively, through education, prevention and early detection, with chemical dependency in licensed nurses. Included in the package is a video and valuable instructor tools: master overheads for projection, facilitator's notes, interactive learning exercises, and a detailed reference list. The video includes narrative, expert opinions and dramatization of the issues. The program is for every nurse in every practice setting or level of practice, including students.

This video-training package concentrates on the special issue of the chemically impaired nurse. It provides information of this serious and potentially deadly problem while providing assistance to colleagues and managers on how to recognize warning signs and how to intervene in a non-threatening, non-judgmental manner. This program is a winner of Sigma Theta Tau International's 2002 Nursing Electronic Award.

The complete *Breaking the Habit* package is \$299 (plus shipping and handling). An accompanying handbook, *Chemical Dependency Handbook for Nurse Managers*, provides a wealth of information about the topic and is purchased separately for \$35. The package and handbook are purchased by calling 1.800.765.3944 or by downloading and completing an order form found at NCSBN Learning Extension, [www.learningext.com/products/videos/videos.asp](http://www.learningext.com/products/videos/videos.asp). Sample clips from the video are available online also.



## DISCIPLINARY ACTIONS\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

### INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Censured License
Tracy Lee Dinwiddie Grain Valley, MO	RN2004026161	<b>Section 335.066.1 and .2(2), RSMo 2000</b> On 2/18/88, 11/3/88, and 6/14/01, Licensee pled guilty to stealing. On 11/3/88, Licensee pled guilty to assault. On 11/6/95, Licensee pled guilty to two counts of passing a bad check.	8/9/2004 to 8/9/2007
Cherish J Patterson Aurora, MO	PN1999135116	<b>Section 335.066.1 and .2(2), RSMo 2000</b> On 3/31/03, Licensee pled guilty to stealing and hindering prosecution.	6/21/2004 to 6/21/2007
Donald Duane Wheeler Joplin, MO	RN2004026162	<b>Section 335.066.1 and .2(1), (5), (8), (12), and (14), RSMo 2000</b> On 7/10/00, licensee’s Missouri registered professional nursing license was revoked by the Board. Cause for discipline was predicated on the following facts: In September 1997, an investigation was conducted by the Director of Nursing, which indicated that licensee was responsible for withdrawal of excessive amounts of Morphine, a Schedule I controlled substance. Licensee admitted to the misappropriation of Morphine for his personal consumption and agreed to enter a treatment program for addiction. In April of 1998, Licensee relapsed on Morphine which he misappropriated from the facility for his personal consumption.	8/10/2004 to 8/10/2008

### CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Janice A Baier Armstrong, MO	RN130395	<b>Section 335.066.2(5), (12), and (14), RSMo 2000</b> While employed as a Director of Nursing in long term care, Licensee stored in her office, controlled and non-controlled medications leftover from residents who had been discharged from the facility or were deceased. Licensee dispensed the medications to nursing staff and certified med techs for administration to current residents, whose prescription had either not been filled by the pharmacy or had run out.	Censure 7/10/2004
Kari A Gray O Fallon, IL	RN2002023768	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 1/31/03, Licensee failed to conduct a patient's accucheck as required and fraudulently documented performing the accucheck and recorded the level at 148.	Censure 7/10/2004
Robin Patrice Harper Saint Louis, MO	PN2001026719	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 12/19/01, Licensee assessed the resident but failed to document findings and notify the resident's physician regarding the changed condition of the resident's hip.	Censure 8/11/2004
Amelia H Holmes Willow Springs, MO	RN131292	<b>Section 335.066.2(5), (6), (12), and (14), RSMo 2000</b> On 8/30/03, Licensee wrote a prescription for Ambien 5mg on a prescription form belonging to the clinic. Ambien is a schedule IV controlled substance.	Censure 8/13/2004
Jessica A. Kick Joplin, MO	PN054573	<b>Section 335.066.2(5), (6), and (12), RSMo 2000</b> From 6/1/02 to 6/12/03, Licensee practiced as a licensed practical nurse on a lapsed license.	Censure 7/10/2004
Melonia R Mitchell Saint Louis, MO	PN035480	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 5/21/02, Licensee was working in the dining room when a male patient, who is developmentally and mentally disabled, became agitated and began exposing himself to the female staff and acting aggressively toward another resident. Licensee, in order to re-direct the patient's behavior, brandished a belt at the patient.	Censure 6/17/2004
Catherine Renee Neier Wentzville, MO	RN073191	<b>Section 335.066.2(5), (6), and (12), RSMo 2000</b> From 7/1/02 through 1/7/04, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.	Censure 9/14/2004

## New NCLEX-PN® Test Plan Effective April 2005

**Chicago, IL.** The National Council of State Boards of Nursing (NCSBN) met at its August 2004 Delegate Assembly and adopted changes to the *NCLEX®-PN Test Plan*. This plan is used to construct each administration of the NCLEX-PN® examination, and is reviewed by NCSBN’s Examination Committee on a triennial basis. The revised test plan and was presented to the member boards of nursing at this Delegate Assembly for adoption.

The Examination Committee determines changes in the test plan, after reviewing the *2003 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (Smith & Crawford, 2003). The committee recommended changes in the structure and content distribution for the *NCLEX-PN® Test Plan*, and incorporated enhancements to improve readability and clarity to the *NCLEX-PN® Test Plan document*. Other sources used included empirical evidence from job incumbents, professional judgment of the committee, NCSBN legal counsel review, feedback from the 60 member boards of nursing, as well as other stakeholder comments. This feedback also supports the adoption of the 2005 NCLEX-PN® Test Plan recommendations.

The revisions to the test plan will be effective beginning April 2005. Test plans will be available for purchase from NCSBN and may be accessed for no charge from the NCSBN web site this fall at [www.ncsbn.org](http://www.ncsbn.org).

For specific information regarding the test plan, please contact Anne Wendt, Associate Director, Testing-Content Management at 312.525.3616 or [awendt@ncsbn.org](mailto:awendt@ncsbn.org).



PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Deana P Adams Carthage, MO	RN142884	<b>Section 335.066.2(1) and (14), RSMo 2000</b> On 1/15/03, Licensee submitted to a urine drug screen which tested positive for methamphetamines.	Probation 8/11/2004 to 8/11/2007
David G Bay Springfield, MO	PN045459	<b>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000</b> On 11/19/01, Licensee pled guilty to two counts of stealing a controlled substance, a Class C felony. On 10/23/02, Licensee pled guilty to possession of a controlled substance, a Class C felony; possession of drug paraphernalia, a Class A misdemeanor; and DWI, a Class B misdemeanor. On 10/23/02, Licensee pled guilty to two counts of possession of a controlled substance, a felony.	Probation 7/26/2004 to 7/26/2007
Cheryl Jean Buser Moberly, MO	RN2002007901	<b>Section 335.066.2(1) and (14), RSMo 2000</b> On 9/30/03, Licensee submitted to a pre-employment urine drug screen which was positive for the presence of Marijuana.	Probation 8/10/2004 to 8/10/2005
Rhonda Gail Campbell Harrison, AR	RN2001028750	<b>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000</b> On 1/15/02, Licensee misappropriated Demerol and Vistaril for her personal consumption.	Probation 7/26/2004 to 7/26/2006
Ellen Kay Carpenter Lees Summit, MO	RN096705	<b>Section 335.066.2(5), (6), (12), and (14), RSMo 2000</b> On 8/19/03, Licensee wrote a prescription for Provigil, 300mg, on a prescription form belonging to her employer.	Probation 8/10/2004 to 9/11/2004
Susan L Crayton Lebanon, MO	RN116582	<b>Section 620.153, RSMo 2000.</b> Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999) Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Probation 7/26/2004 to 7/26/2007
Cynthia Lynn Dowell Monroe City, MO	PN2000169770	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 4/1/02, Licensee pled guilty to three counts of supplying intoxicating liquor to a minor. On 4/4/02, Licensee pled guilty to assault in the third degree.	Probation 8/26/2004 to 8/26/2005
Juanita V Etter Jefferson City, MO	PN030956	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 6/9/03, Licensee was notified of a medical emergency on the ball field. Specifically, inmate N.R. suffered a displaced fracture of his left leg. Licensee failed to assess N.R.'s medical emergency.	Probation 7/16/2004 to 7/16/2005

Probation List continued on page 28

Probation List continued from page 27

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Lorna A Ford Parkvillie, MO	PN035631	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 7/21/03, Licensee submitted to a drug screen which tested positive for Clonazepam. Licensee did not have a prescription for Clonazepam.	Probation 6/17/2004 to 6/17/2007
Christina M Glammeier Edwardsville, KS	RN149706	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 7/11/03, License misappropriated Demerol for her personal consumption. On 7/12/03, Licensee misappropriated Demerol on 2 occasions and Morphine on one occasion for her personal consumption.	Probation 7/1/2004 to 7/1/2006
Sharon Glass Springvale, ME	PN2000169787	<b>Section 335.066.2(1) and (14), RSMo 2000</b> On 07/23/03, Licensee submitted to a urine drug screen which tested positive for the presence of Cannabinoids (marijuana).	Probation 7/10/2004 to 7/10/2005
Cheryl M Kepley Doniphan, MO	PN038438	<b>Section 621.110, RSMo 2000 and Section 335.066.3, RSMo 2000</b> On 6/4/02, Licensee entered a plea of guilty charging her with the Class C felony possession of a controlled substance.	Probation 7/26/2004 to 7/26/2007
Kevin M Kerr Kansas City, KS	RN148094	<b>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000</b> Licensee failed to properly document all medications withdrawn, administered, and/or wasted, and to adhere to physicians' orders regarding patient care and medication administration.	Probation 7/22/2004 to 7/22/2009
Kathy L Leeper Webb City, MO	RN145243	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 1/15/03, Licensee submitted to a urine drug screen which tested positive for methamphetamines and marijuana.	Probation 7/31/2004 to 7/31/2008
George M Lioubinski Joplin, MO	RN2001030703	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 9/5/03 and 9/11/03, Licensee pre-charted at 2 p.m. that he had completed 4 p.m. neuro-vascular checks on patients. On 9/11/03 at 9 a.m., Licensee administered anti-hypertensive medications to a patient with a blood pressure of 95/38 without consulting a physician and without a physician order. At 11:30 a.m., a nurse aide recorded the patient's blood pressure to be 70/29. Licensee called the physician and received an order to hold home meds; Licensee documented this order in the nurse's notes but failed to write the order in the physician's order sheet resulting in the medication being administered by the night nurse. The Composer System indicated the last time the Licensee was in the patient's room was 1:54 pm for 1 minute and 12 seconds, Licensee documented vital signs at 2 p.m. and 4 p.m.	Probation 9/10/2004 to 9/10/2006
Connie L Long Springfield, MO	RN122345	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On numerous occasions, from 4/02 to 4/03, while on duty, Licensee misappropriated Demerol for her personal consumption. Licensee replaced the misappropriated Demerol with saline solution.	Probation 7/16/2004 to 7/16/2009
Adrianne L Miller Oklahoma City, OK	RN139326	<b>Section 335.066.2(5) and (12), RSMo 2000</b> Between 8/20/02 and 2/3/03, on seven occasions, Licensee dispensed 2 tablets of Percocet to a patient, when no physician order existed. Licensee did not document the administration in the MAR nor the flow sheet. On 3/19/03, Licensee withdrew and administered 2 Tylenol with codeine tablets to a patient, no order existed.	Probation 9/2/2004 to 9/2/2005
Bobbi L Mulkins Lees Summit, MO	RN140703	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On 2/03, Licensee misappropriated Oxycontin for her personal consumption. On 5/6/03, Licensee, while on duty, submitted to a urine drug screen which tested positive for the presence of alcohol.	Probation 6/17/2004 to 6/17/2007
Janell L Pace Kingdom City, MO	RN123301	<b>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000</b> In 12/99 and 1/00, Licensee used a prescription pad that she misappropriated to write prescriptions for Vicodin. Licensee then forged a name of a physician and DEA number on the prescription and presented the prescriptions to a pharmacy. On 6/15/00, as a result of this conduct, Licensee pled guilty to possession of drug paraphernalia.	Probation 7/22/2004 to 7/22/2009
Kimberly D Schrader Boonville, MO	PN037249	<b>Section 335.066.2(2), RSMo</b> On 10/16/03, Licensee pled guilty to one count of stealing.	Probation 7/3/2004 to 7/3/2005

Probation List continued on page 29

# Nurse Regulators Meet for 2004 NCSBN Annual Meeting

**Chicago, IL.** The National Council of State Boards of Nursing (NCSBN) met August 3-6, in Kansas City, Missouri, to consider pertinent association business with its member boards of nursing. Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing, presided at the meeting.

Highlights of some of the significant actions approved by the member boards of nursing included:

- Election of new NCSBN officers and directors-at-large to the Board of Directors.
- Adoption of the new NCLEX-PN test plan for licensed practical and vocational nurses.
- Ratification of the NCSBN Board of Directors' Strategic Initiatives for fiscal years 2005-2007.
- Adoption of the revised NCSBN Model Nursing Practice Act and Model Administrative Rules for use by member boards of nursing.
- Resolution that NCSBN and its member boards support the necessity for inclusion of planned, structured, and supervised clinical instruction as an essential to nursing education for nurses at all points in their careers. The concept of clinical competence will be referred to NCSBN's Practice, Regulation and Education standing committee for the development of a formal position statement.
- Adoption of the NCSBN publication entitled: "Minimal Data Set for the Evaluation of International Nurses," for use by regulators and organizations who evaluate the credentials of internationally-educated nurses for purposes of meeting state and national regulations for initial licensure and endorsement.

Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing thanked the participants for a very successful meeting and commented that the board of directors looks forward to working with member boards and external groups throughout the year on these and other matters of mutual concern. "I am continually amazed at the quality of work the boards of nursing complete for NCSBN and the citizens of their respective jurisdictions," she noted. "I look forward to the 2005 NCSBN Delegate Assembly, where we hope to host all 60 of the member boards of nursing in Washington, D.C. to continue the work of NCSBN."

NCSBN will meet again August 2-5, 2005, in Washington, D.C. for its annual Delegate Assembly.

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*Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.*

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PROBATION LIST			
Name	License Number	Violation	Effective Date of Probation
Gloria J Lease-Smith Spickard, MO	RN096253	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 4/3/04 at 9 p.m., Licensee examined inmate W.F. in the medical unit with complaints of belching, chest pain, and abdominal discomfort. Licensee determined that W.F. was suffering from indigestion and treated him according to department protocol. On 4/4/04, Licensee did not respond to assess a declared medical emergency of an inmate after being notified on 2 occasions at 12:15 a.m. and 12:30 a.m. by the corrections officer that the patient was experiencing chest and arm pain. At 6 a.m., W.F., was found in cardiopulmonary arrest.	Probation 6/19/2004 to 6/19/2007
Catherine Ann Stephenson Overland Park, KS	RN100044	<b>Section 335.066.2(5) and (12), RSMo 2000</b> On 7/26/03, Licensee administered Stadol and Phenergan to an O.B. patient without consultation or authorization from a physician.	Probation 8/24/2004 to 8/24/2005
Talmadge Michael Stewart Wyandotte, OK	RN2001023163	<b>Section 335.066.2(8), RSMo 2000</b> On 4/16/03, Kansas State Board of Nursing entered a Default Order revoking Licensee's license for acts of professional incompetence. On 7/30/03, as a result of the disciplinary action taken by the Kansas State Board of Nursing, Oklahoma Board of Nursing issued an Order revoking Licensee's license for one year.	Probation 7/16/2004 to 7/16/2005
India N Watson Saint Louis, MO	PN053832	<b>Section 335.066.2(5) and (12), RSMo 2000</b> Licensee, while employed in home health services and after accepting the patient assignments, failed to provide care to five patients, provide substitute care or notify her supervisor on five occasions between 7/2/03 and 7/8/03. The care not provided included diabetic nail care for 2 patients; set up of a.m. medication including insulin for 1 patient; set up of medications and skin assessment for 1 patient; and skin assessment, vital signs and assessment of medication for medication compliance for 1 patient.	Probation 7/27/2004 to 7/27/2005
Connie L Williams Salem, MO	RN096353	<b>Section 335.066.2(1), (5), (12), and (14) RSMo 2000</b> From 11/21/01 through 1/29/02, Licensee misappropriated Demerol for her personal consumption.	Probation 7/31/2004 to 7/31/2008

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension/Probation
Robin Sue Aumiller Buffalo, MO	RN127542	<b>Section 335.066.2(1), (5), (12), and (14), RSMo 2000</b> On numerous occasions, in July 2003, while on duty, Licensee misappropriated Demerol for her personal consumption.	Suspension 9/4/2004 to 9/4/2005 Probation 9/5/2005 to 9/5/2009
Jeannie M Crase Oak Grove, MO	RN122091	<b>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000</b> Between 5/31/02 and 6/19/02, Licensee failed to chart the administration and/or wastage of 20 doses of Morphine, 28 doses of Demerol and 25 doses of Ativan. Licensee misappropriated the controlled substances for her personal consumption.	Suspension 7/26/2004 to 7/26/2007 Probation 7/27/2007 to 7/27/2012
Leigh A Myerchin Shell Knob, MO	PN052292	<b>Section 620.153, RSMo.</b> Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999) On 9/12/03, Licensee possessed and consumed cocaine resulting in a positive drug screen, which also violated the terms of her disciplinary agreement.	Suspension 7/28/2004 to 7/28/2006 Probation 7/29/2006 to 7/29/2009
Vickie J Olf Independence, MO	RN073291	<b>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000</b> On 2/9/01, Licensee, after turning the ventriculostomy stopcock to closed to read the intra-cranial pressure, failed to open it again for drainage. The line became clogged which Licensee failed to respond to and document. Licensee also administered 25,000 units of heparin in 250 mls of D5W instead of the 1000 units of heparin in 500 cc of normal saline as ordered. On 11/26/01, when a resident would not swallow medication, Licensee forcibly held the resident's nostrils shut and poured water in her mouth until the resident had to swallow it.	Suspension 7/26/2004 to 7/26/2006 Probation 7/27/2006 to 7/27/2009



REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
Janetta Ruth Austin Bolivar, MO	RN2000160125	Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3. S. W.3d 783 (Mo. banc 1999) Licensee violated the terms of her disciplinary agree-ment by not attending scheduled meetings and by not submitting required documentation.	Revoked 7/26/2004
Margaret E Caruthers Potosi, MO	PN052408	Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S.W.3d 783 (Mo. banc 1999) Licensee violated the terms of her disciplinary agree-ment by not attending scheduled meetings and by not submitting required documentation.	Revoked 7/28/2004
Angela G Parrott-Couts Sedalia, MO	PN045106	Section 620.153, RSMo 2000. Mendelsohn v. State Bd. of Registration for the Healing Arts, 3 S. W.3d 783 (Mo. banc 1999) On 10/21/03 and 10/29/03, Licensee possessed and consumed methamphetamine resulting in the positive drug screens.	Revoked 7/26/2004
Jeanne M Crader Saint Peters, MO	RN128330	Section 335.066.2(1) and (14), RSMo 2000 On 6/23/03, Licensee submitted to a drug screen which tested positive for the presence of cocaine; which also violated the terms of her disciplinary agreement.	Revoked 7/28/2004
Sherma A Kelley East Prairie, MO	PN058828	Section 335.066.2(2), RSMo 2000 On 9/11/03, Licensee pled guilty to Fraudulently Attempting to Obtain a Controlled Substance, a Class D Felony.	Revoked 7/8/2004
Beverly A Morrison St Louis, MO	RN040439	Revoked due to 324.010, RSMo If such licensee is delinquent on any state taxes or has failed to file state income tax returns in the last three years, the director shall then send notice to each such entity and licensee. In the case of such delinquency or failure to file, the licensee's license shall be revoked within ninety days after notice of such delinquency or failure to file...	Revoked 6/29/2004
Daillyn L Pavia Granite City, IL	RN128973	Section 335.066.2 On 12/1/03, Licensee pled guilty to voluntary manslaughter.	Revoked 7/29/2004
Jeffrey Michael Stavron Troy, MO	PN1999137676	Section 620.153, RSMo 2000 Licensee violated the terms of his disciplinary agree-ment by not attending scheduled meetings and by not submitting required documentation.	Revoked 7/28/2004

VOLUNTARY SURRENDER\*

Name	License Number	Effective Date of Voluntary Surrender
Madeline R Webb-Bahn Saint Peters, MO	PN053317	6/25/2004
Christopher T Campbell Kansas City, MO	RN116321	6/25/2004
Connie D Cancel Mount Vernon, MO	PN055116	9/7/2004
Gregory E Frost Lake Mary, FL	RN153217	9/7/2004
Carla M Gamble Independence, MO	RN095596	9/7/2004
Denise L Graves Macon, MO	RN124599	6/24/2004
Mary E Kieffer Columbia, MO	RN055394	9/7/2004
Judith L Kobel Kansas City, MO	PN023747	6/19/2004
Jeffrey L Richardson Lees Summit, MO	RN106582	9/8/2004
Sonja R Stacer Taneyville, MO	PN043268	9/7/2004
Sheri L Wood Kansas City, MO	RN138774	9/7/2004

\*Surrender is not considered a disciplinary action under current statutes.



